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## Original Articles.

### FIRST ANNUAL ADDRESS BEFORE THE NEW YORK MEDICO-CHIRURGICAL SOCIETY.

BY L. HALLOCK, M.D., PRESIDENT.

GENTLEMEN:—The by-laws of our society require an annual address at the November meeting, and I ask your attention on this occasion simply to some remarks on the subject of *Metastasis*, a theme especially interesting to Homœopathic physicians, though, so far as I have noticed, rarely mentioned in our periodical literature.

The *Metastasis* of disease denotes simply "a change of place," as the derivation of the word implies, but, as employed in ordinary use, includes those changes in *form* as well as place, by which one disease, often of a different character, substitutes or removes another. Every observant physician must have seen frequent instances of disease thus transferred to another part of the body, but often supplanted by symptoms entirely unlike the original disorder. These changes, when sudden and violent, readily receive the prompt attention of the medical attendant, and to such changes the term seems to be generally restricted—but does not the occurrence of deafness, dementia, or insanity, after suppressed eczema; the appearance of asthma, bronchitis, or phthisis, after checked perspirations, suppurations or hæmorrhage, though often weeks or months precede the change, as much deserve the name of metastasis as the sudden transfer of mumps to the testes or erysipelas to the brain; and might not metastatic disease be properly divided into the acute and chronic, the former being sudden and severe,

the latter gradual and insidious? It is to this form of these diseases, so stealthy in their approach, and often so fatal by transfer to organs of vital importance, that the early and watchful attention of the practitioner is required.

The *cause* of this erratic change of disease has occasioned much discussion, and been attributed to different pathological conditions according to the diverse theories of different writers. By most of the early authors and those who favor the humoral pathology, it was considered a translation of morbid matter from one seat or focus of disease to another, and was deemed a strong confirmation of their favorite theory. Among the solidists and by most pathologists of the present day it is regarded as simply a transfer of *irritation* from one location to another; the points of invasion and the character of the new disease being determined not so much by new deposit of the "*materies morbi*," as by a certain predisposition of the newly affected organs.

The predisposing cause may be *constitutional* from similarity of structure and function, or may be *acquired* by the increased susceptibility produced by disease. Many metastatic changes are evidently caused by such intimate structural or sympathetic relation between the primary and secondary seats of disease; but numerous instances also occur in which no such relations appear to afford satisfactory explanation of the phenomena. The theory of Psoric Miasm so ably stated and maintained by Hahnemann is thought satisfactorily to account for the occurrence of *metastatic* as well as *chronic* disease, and many of the cases adduced by him as proofs of the existence of psora afford equal evidence of a constitutional tendency to metastasis. To the Homœopathic physician, in view of

the numerous instances of internal disease succeeding the suppression of cutaneous eruptions, the subject of metastasis has a special interest, as confirmation of the truth of the psoric origin of such diseases, and indicating the best treatment for their removal. Such knowledge of the tendency of certain morbid conditions to remove to more important and vital organs, some by sudden and violent transition, others by gradual and insidious development, enables him to anticipate the apprehended danger and successfully mitigate or prevent it. Hence, if, during the progress of acute rheumatism, dyspnoea, palpitation or pain in the pectoral region ensue, immediate attention will be given to the heart—or if, in erysipelas, pain in the head, delirium or stupor occur, equally prompt effort will be directed to the brain. Inattention to such warnings has doubtless caused many cases to suffer a fatal metastasis, which by timely care might have been prevented, and it is not unreasonable to believe that numerous instances of such sad transfer have resulted from the past heroic depletion and cold repelling lotions of the old school treatment; for observation proves that such changes occur most frequently in acute disease at the period when the active symptoms have been subdued by vigorous measures, and the case promises a favorable convalescence; and in subacute or chronic cases (especially of cutaneous diseases), when the primary disorder has been overcome—repelled—by astringent applications. But aside from the cases that may be charged to ignorant or injudicious treatment, the numerous instances of metastasis that occur in the practice of the most careful and experienced physicians attest their frequency and the importance of knowing when to expect and how to treat them. Careful observation may enable us to learn in some useful degree the *time or period* of changes in the progress of disease. So far as my own observation may be mentioned, that time has seemed to be, in *acute* disease, when the active stage has nearly subsided and the symptoms have so far yielded as to encourage expectation of speedy convalescence; as when mumps is supplanted by orchitis, erysipelas by phrenitis, rheumatism by carditis, &c., &c.; in *chronic* disease the change occurs at later indefinite periods, often after the patient has regained apparent health; and weeks or months

may intervene before the stealthy secondary disease appears; as when eczema suppressed or apparently spontaneously cured, is followed by cough, indigestion, diarrhoea, and other disorders of the mucous tissue; or herpes, impetigo and other pustular eruptions by asthma, phthisis, insanity, etc.

Examples of metastatic changes are often seen in the *alternation* of diseases, as when bronchitis or pneumonia is transferred to the brain; the resulting phrenitis or coma being relieved by the return of the pectoral symptoms, and these again by retransfer to the head. Cases not a few are reported of such repeated transitions from chest to head, or from skin to bowels, in which one set of symptoms subsides with more or less celerity upon the return and increase of the other. The retrocession of herpes, eczema and other cutaneous affections to the bowels, chest or brain, and the relief of these important organs by reappearance of the eruption, are familiar examples of such alternation. Within a few weeks I have treated an old patient in whom eczema of the leg has thus repeatedly alternated with attacks of diarrhoea for several years, the return of the eruption always removing the diarrhoea and improving the general health. In diseases of metastatic character may, I think, be properly included hæmorrhages of the liver, stomach, lungs, etc., following indiscreet suppression of cutaneous eruptions, chronic ulcers, &c. The suppression of profuse sweatings, of epistaxis and bleeding hemorrhoids, of large suppurating sores and other discharges, producing as the records of medicine abundantly show, epilepsy, insanity, phthisis pulmonalis, and like maladies of fatal character, are also examples of this class of diseases. The surgical removal of malignant glandular and cutaneous affections, as scirrhus and carcinoma, has so often entailed subsequent development of fatal internal disease that some surgeons (among whom I may name the late eminent and experienced Dr. J. Kearney Rodgers of our city,) have utterly refused to excise or remove them. A friend and patient of my own some years since submitted to the removal of an enlarged cancerous breast, and returned to her distant home rejoicing and happy in her relief and apparent cure; within four months succeeding the liver was attacked with melanotic disease inflicting terrible suffering and a fatal

termination in five or six weeks—the post mortem showing entire destruction of the organ and a change of its whole tissue to the apparent consistence of a huge sanguineous coagulum. A similar case occurred during the past summer in which the removal of the breast was soon succeeded by cancer of the colon, and speedy death. These cases are mentioned, not so much to condemn the operation of removal, (often urgently desired,) as to show in the light of our subject the necessity of cautious diagnosis and prognosis in deciding whether to operate at the risk of subsequent fatal transfer to internal organs, or advise endurance of the primary disease as the less of two evils, and as most likely to prolong the life of the suffering patient.

An important practical inquiry is—by what means can we best restore the primary disease whose disappearance has produced the more serious secondary disorder? Though in many cases of the most formidable character where transfer has been made to the brain, lungs, or heart, such efforts are too often unsuccessful, yet experience has shown especially when the malady has been caused by repelled eruptions, gratifying results from remedies most homœopathic to the whole pathological conditions; and the remedies best adapted to cure the secondary affection are often precisely those most effectual in restoring the cutaneous disorder. Among those most frequently useful are *Sulphur*, *Lycopodium*, *Mezereum* and *Nux vom.*, their effect being often promoted, in strict accordance with the law of “*similibus curantur*,” by external heat, stimulating frictions and even epispastics, to invite restoration to the skin. Have we not in the light of our therapeutic law an explanation of the benefit often resulting from such applications? In many respects the changes of metastasis show no little analogy to those of *crisis* as seen in the course of continued and typhoid forms of fever. The former occur usually, as before stated, about the time of the decline of the active stage of disease, or after returning convalescence; the latter at such definite periods, and with such marked changes, as to have received the designation of “critical days,” from the earliest history of medicine.

In metastasis the change is equally from mild to severe; the primary being superseded by more serious secondary disease. In crisis, the

symptoms may be benign or malignant, indicating a hopeful or fatal prognosis, as the recurring days develop the character and progress of the advancing fever.

Both manifest characteristic variations, and illustrate the tendency to *periodic changes* in the progress of most human diseases.

The history of metastasis has shown the singular fact that such changes, though usually occurring only in sporadic cases, have in some epidemics been remarkably numerous. In some epidemics of measles it has been observed that imperfect development of eruption and transfer of irritation to the lungs occur so often as to require unusual care to prevent subsequent pneumonia and phthisis. The same remark applies to erysipelas, which in some epidemics and seasons is more frequently transferred to the brain than in others. Occasional epidemics of parotitis have been distinguished by such tendency to metastasis. Underwood describes an epidemic of mumps in which most of the cases were confined to the testes, a few being subsequently transferred to the parotids, and other writers have reported similar irregularities. A remarkable instance was published some years since in a British journal in which twelve cases occurred on ship-board, *all* of which affected the testes, and two ended in transfer to the brain. These patients were all adults, to whom such metastasis is almost confined, as it rarely occurs before the age of puberty.

### HYSTERICAL INSANITY.

BY W. M. BUTLER, A.M., M.D., FIRST ASSISTANT PHYSICIAN STATE HOM. ASYLUM FOR THE INSANE.

No term in medical nomenclature conveys a more vague and indefinite meaning than *Hysteria*. Under this head are grouped the greatest variety of functional disturbances, which the busy practitioner finds it difficult to classify elsewhere. The description and elucidation of these different phenomena has filled volumes, and still this disease is not perfectly understood, and may always remain an enigma.

The object of the present article will be simply to give a short description of the mental symptoms of the cases grouped under this head which find their way into asylums, and the effects of treatment there received.

The majority of cases of this disease are found

in women, although men are not exempt. The victims are usually highly nervous and sensitive and naturally inclined to the sensational. Surrounded by over-indulgent friends, and often with little mental or physical labor, their minds, lacking healthy exercise, have failed of a proper growth and development. Unaccustomed to self-control and exercise of the will, their emotional natures have gradually gained the ascendancy, until all will-power has apparently been lost. The progress of the disease is so slow and its beginnings so insidious, that it is often impossible to date its commencement.

The first noticeable symptom may have been an inclination to immoderate laughter, succeeded by causeless uncontrollable fits of weeping. Gradually, as the disease has advanced, the patient has become irritable, cross, peevish, and fault-finding, difficult to please, and less and less regardful of the feelings of those around her. More and more imperious, from day to day, in her demands, she becomes subject to ungovernable fits of passion upon the least provocation. Exaggerating all her bodily ailments, she fills the ears of those around her with her complaints. Constantly craving sympathy, her real symptoms failing to produce the desired effect, she resorts to the most cunning simulations. Alternating between fits of weeping, loud complaints of the hardness of her lot, and the most violent gusts of passion, she renders all her friends abject subjects to her will. Every wish must be gratified, every whim humored, or a scene ensues. For the sake of peace and quiet she is allowed to rule, until forbearance ceases to be a virtue, and she is removed to an asylum. Upon her entrance she may be noisy and boisterous, proclaiming the injustice of her treatment in being placed among the insane, or quiet and ladylike, and full of plausible stories of the cruelties she has suffered. Soon, however, her true character is manifested, at the appearance of the first signs of discipline. Deceitful, cunning, and plotting, she is constantly brewing mischief among other patients, yet ready with excuses for her conduct. Utterly denying the existence of her insanity and chafing under the slightest restraint, she constantly demands her release. Along with the foregoing mental irregularities, we may have marked hallucinations and paroxysms of mania, or attacks of marked melan-

cholia. Patients of the latter class frequently threaten suicide, and occasionally attempt it, but usually with the intention of being discovered before death can ensue. They may also give much trouble and anxiety by their constant attempts at mutilating themselves, the existing anæsthesia rendering them senseless to pain. In most of these cases, more or less sexual excitement usually exists, which may give rise to onanism, or form the basis of their delusions, this being most marked near the time of menstruation.

These patients are usually pale, lean, and anæmic, with poor appetites, inclined to constipation, and besides their mental symptoms, present many others, evincing general physical disturbances, of which we will mention the most common.

A vague, indefinite feeling of unpleasantness in the head, which may be accompanied by periodic attacks of the most excruciating neuralgia. Hyperæsthesia of the special senses of sight, smell, taste and hearing, as well as of the mucous membrane of the throat, is often present. The globus hystericus, joined to a feeling of weight and oppression in the chest, with marked difficulty in breathing, pain in the heart, and functional disturbance of its action, is often a subject of much alarm to the patient. These symptoms of the heart are described as a sensation as of a grasp by an iron hand, or as if the heart were being shaken. Although presenting during such an attack the most alarming appearance the patient is able to converse between the paroxysms, and under proper treatment soon gets relief.

One of the most annoying symptoms is a persistent vomiting, which occurs in some patients after every meal, regardless of the ingesta, and is especially aggravated at the time of menstruation. This, together with the pain and sensation of beating often complained of, might cause it to be mistaken for some of the grave organic diseases of the stomach.

Hyperæsthesia of the skin of the abdomen may exist, causing as great tenderness as is found in peritonitis.

Neuralgia of one or both ovaries is very common—usually near the menses, and often attended by sexual excitement. Hyperæsthesia of the genitals, amenorrhea, menorrhagia, vaginal and uterine leucorrhœas, and displacements of the



uterus, are often present, although the genitals may remain in a healthy state.

An irritable condition of the urinary organs is apt to be present, causing the patient to pass large quantities of almost colorless water, especially at the time of a convulsive seizure.

A hyperæsthetic condition of the spinal column is usually found, although examination by pressure upon the spinous processes of the vertebrae may be necessary for its detection.

General anæsthesia of the skin and a paralytic condition of different muscles of the abdomen, œsophagus or extremities may occur, causing constipation, difficult deglutition, or inability to use one or more of the limbs, this latter condition often closely simulating hemiplegia or paraplegia. When this anæsthetic condition of the skin exists, the patients often delight in sticking pins and needles into themselves, in order to make a sensation among other patients. This anæsthesia may effect the mucous membrane of the throat and stomach and genitals, so that constant vigilance is necessary to prevent their swallowing hurtful substances.

Along with more or less of the foregoing there usually coexists paroxysmal convulsive attacks. These may vary from simple twitchings of individual muscles to the most severe seizures, in which the whole body is contorted by the most violent tonic and clonic spasms closely resembling genuine epilepsy.

Besides the foregoing, which may be found in greater or less number in every case, the physician must constantly be upon his guard against spurious symptoms which the patient's tendency to simulation causes her to invent.

The predisposing influence of heredity in this disease is especially marked. The history of a large proportion of the cases shows in former members of the family the existence of the disease itself, or of some allied nervous affection. We also notice that the children of hysterical women are strikingly predisposed to chorea and kindred convulsive attacks.

The frequent occurrence of the disease among women caused the earlier writers to infer that it must be due to some uterine or ovarian disorder; but later investigations have shown that men are also to be found among its victims. The best writers of the present are unanimous in assigning the cause of the vast preponderance of cases among women to be their peculiar

sphere of life and education, rather than their different sexual formation. That many cases are due to disease of the uterus and ovaries there can be no doubt, but the fact that hysteria is often found in persons in whom these organs are perfectly healthy shows that these diseases cannot be considered its sole causative agent, even in women. That menstruation exerts a powerful influence in its production and development is seen from the vast majority of cases occurring during the years of its existence as a normal function, and from its disappearance after the menopause.

The non-gratification of the sexual appetite, formerly assigned so prominent a place among the causes, is now considered of inferior importance. The real facts prove that in hysterical women sexual desire is often greatly diminished, hyperæsthesia of the genitals rendering sexual intercourse almost impossible on account of the intense pain produced. The numerous cases among unmarried women are without doubt due to absence of occupation and an aim in life, rather than lack of sexual gratification.

Faulty education, constant self-indulgence, want of healthy mental occupation and exercise of the will, are causes constantly at work in producing this disease among the wealthy. The chief essential for its development is a lowered condition of the system and diminished vitality, and anything which tends to produce this result in man or woman may be a direct cause of hysteria.

Post-mortem examination has thus far failed to discover any universally present anatomical lesion. The few deaths produced by this disease alone must render it extremely difficult to establish by indubitable proofs any theory of its action. That an impoverished condition of the blood is the basis of the disease we have no doubt. This is clearly manifested by the numerous neuralgias common to a lowered vitality, and by the general appearance of anæmia, together with many signs of irritation of the brain and spinal cord, and the marked benefits of a treatment which restores the blood to its normal condition.

The following cases, which we have had under treatment in this institution, are fair samples of those constantly met in private practice and daily brought into insane asylums.

E. B. V., 34 years of age, single, Episcopalian,

academic education, no hereditary taint, admitted June 16, 1875, with the following history. When eighteen years of age, overworked in school. Five years ago, lost a situation for which she was competing as public teacher, became excited, and walked the floor a great deal. Since then, when disappointed, has shown unreasonable excitement, growing gradually worse—her excitement being especially manifested at the menstrual period. Is very jealous of friends, and becomes violent and abusive at the least opposition.

When admitted, was menstruating and quite excited. Upon entering the ward, declared she would not remain, and when prevented from going out of the door, poured out a torrent of abuse upon her friends, the doctor, and attendants. The first day, was exceedingly restless and uneasy, ate little, and greatly annoyed the attendants and other patients on the ward. Declining to remain in bed at night, and persisting in walking the floor, she was restrained for a few nights in bed. This, with a few hours restraint one morning, and *Bell.* 1<sup>st</sup> for the first few days, enabled her to regain complete self-control. After six weeks of quiet and ladylike behavior, she was discharged, Sept. 2, 1875, recovered. During the next year this patient remained at home, showing no signs of her former trouble, and died Aug. 18th, 1876, of heart disease.

E. B., 35 years of age, single, no occupation, common school education, paternal grandfather and aunt insane. Ten or twelve years ago, had an operation performed for obstruction of the os uteri causing dysmenorrhœa. The os not healing properly, the patient was for a long time under treatment, her mind continually failing, until, Dec. 20th, 1873, it was found necessary to place her in a neighboring asylum. At the time of her admission she was not violent, but noisy and abusive when opposed. For nearly two years previous she had secluded herself in her own room, and ruled her mother and the whole house. Until a few days before leaving, she would not allow a fire to be kindled in the house, and had not brushed or combed her hair for weeks. In the asylum she had accepted the situation, and, by constant attention on the part of the attendants, was kept passably neat and clean. She walked out with other ladies, but was not inclined to read, sew, or engage in

games, her mind seeming weak. The patient becoming dissatisfied was transferred to the State Hom. Asylum for the Insane, May 18th, 1874. On admission, appeared ladylike, but a little peculiar in manner. Complained of a dull heavy sensation in the top of her head, constipation, and irritation of the bladder. Was slow and inclined to procrastinate in everything she did. After a few days treatment she commenced to play upon the piano and take more interest in her surroundings. Gradually increasing in mental strength through the influence of carefully-selected remedies and regular discipline, she was at length discharged, May 13th, 1875, since which time she has been able to live comfortably with her friends.

E. N., 32 years of age, married, two children, common school education, paternal cousin insane. After birth of last child, thirteen months ago, suffered from displacement of the uterus, but partially recovered. Six months ago conceived the idea that she had been drugged by her sister, and that she, and her husband and children, would soon become skeletons and lose their minds. Admitted June 24th, 1878. Upon admission, face was covered with yellowish-brown patches, tongue coated at base. Complained at times of weakness at stomach. Speculum examination revealed retroversion of the uterus, and a white albuminous leucorrhœa. Perfectly rational upon all points except her sister and her plot. During the first few days, with the exception of forging a letter from her husband, she made no trouble. On examination being made, almost complete anæsthesia of the limbs was found to exist, the patient being able to introduce pins or needles without pain. This being attributed by her to stagnation of the blood, caused by the drug taken, she demanded that she be bled in order to prove her assertion. Her wish being ungratified, she cunningly secreted a knife, a few days afterwards, and made a superficial cut in one arm to show that the blood could not flow. Whenever she could get pins or needles she amused herself by thrusting them the full length into her arms, in order to impress other patients. Having failed in an attempt at feigning paralysis, she next threw herself upon the floor, refused to answer, would take no food, and by loud breathing tried to feign apoplexy. Having heard the physician order the nasal tube to be brought, in order to feed her, she

immediately roused and admitted that she had been feigning. After this, convinced that she could not deceive those about her, she commenced to work about the ward, and rapidly advancing to a recovery, was discharged Oct. 26th, 1878.

These cases, although with the exception of the last, free from delusions, were proper subjects for asylum treatment.

#### TREATMENT.

One great essential, in the treatment of this disease, is that the patient be placed where she can be subjected to kind but firm discipline. The will having become weakened and distorted must, by degrees, be brought back into its natural condition. Mistaken sympathy and over-indulgence but feed the flame which has already weakened the mental faculties, and if continued, will utterly destroy them. Hence, separation from home and friends is in many cases absolutely necessary for the accomplishment of a perfect cure. Such an absolute monarchy do these cases establish at home, that no physician, in private practice, can exercise the necessary discipline without incurring the penalty of immediate dismissal. Not only for the sake of the patients themselves, but for the peace of their families they should be removed, as the comfort and happiness of an entire family is often destroyed by one of these cases, and certainly none are more fit subjects for asylums. The rapidity with which some of these cases recover under this treatment is wonderful. Often after a few weeks' stay, the worst patients are able to remain happily at home the rest of their lives, a comfort to themselves and their friends. Being usually in an impoverished physical condition, it is necessary to build up the system with a good generous diet, and at the same time administer the remedies demanded by the symptoms of each individual case.

The following are the prominent symptoms of the remedies most commonly useful:

#### *Arsenicum.*

Great restlessness and uneasiness, with fear of death. Unbearable palpitation of the heart, with a sense of suffocation when lying down at night. Great thirst. General anæmic condition.

#### *Belladonna.*

Great excitement, and inclination to be noisy

and violent at the least opposition, biting, striking and kicking; with increase in the cerebral circulation.

#### *Cactus.*

Suffocative attacks, with a sensation as if the heart stopped beating from being grasped by an iron hand.

#### *Hyoscyamus.*

Loquaciousness. Causeless laughing and crying. Sexual excitement, with inclination to remove the clothing. General muscular twitching.

#### *Ignatia.*

Obstinaey. Great nervousness. Alternate laughing and weeping, or great sadness and constant weeping. Suffocative attacks, with a sense of weight on the chest and a lump in the throat. Palpitation of the heart. Muscular twitching.

#### *Lilium Tigrinum.*

Depression of spirits, with constant inclination to weep. Pain in region of the heart, with fluttering of the heart and irregular pulse. Frequent desire to urinate. Severe neuralgic pain in left ovary, with uterine displacements. Acid leucorrhœa, staining linen brown.

#### *Sepia.*

Inclination to sadness and weeping. All gone sensation in stomach. Uterine displacements. Profuse, thick, yellowish, offensive, debilitating leucorrhœa.

### RATIONAL TREATMENT OF ANCHYLOSED JOINTS, CONTRACTED MUSCLES AND TENDONS, WITHERED LIMBS, LOCAL INFLAMMATION, &c., CONTRASTED WITH THE USUAL METHODS.

BY GEO. H. TAYLOR, M.D., NEW YORK.

To show the correct principles for treatment of deformities of the limbs, I will introduce an average case, fairly representing results of the different methods.

Mary Carr, aged 9 years, was brought to me in the summer of 1878, having suffered since her fourth year from hip-joint disease of the left side. She presented a highly scrofulous appearance in color and expression, could walk only by the aid of two crutches, being unable to bear the least weight upon the affected limb. The hip-joint was flexed and protruded outward to an extreme degree, would permit of only the

least motion, and no twisting motion, was sensitive to the touch, the muscles of the seat of that side were greatly shrunken; the thigh measured  $1\frac{1}{4}$  inches in circumference, and the leg  $2\frac{1}{4}$  inches in length less than the other; the knee-joint would not permit straightening; the leg was cold, and common sensation was very much blunted when compared with the other. She suffered the extreme tortures of the nightly pains so common in these cases, depriving her of sleep. She had been for two years a patient of the Orthopædic Dispensary, during which period she had worn a leg support, without, however, any essential amelioration of the disease, or gain of the usefulness of the limb, although partial straightening had been produced.

Practically, this method seldom justifies expectation. The reasons therefor are easily understood. The remedy is not really adapted to fulfil the indications. The needs of these cases are more interior than exterior; development rather than forced conformity; the correction of mal-nutrition which made the affection possible, as well as the covering and concealing its effects.

Even the mechanical pathology of these cases appears to be but imperfectly understood. By resolving the infirmity into its mechanical elements, we find the following:

1. Shortening of muscles, causing drawing and flexing the limb. This shortening represents the aggregate diminution of the muscle-cells into which muscular fibrillæ are resolvable. It implies defective nutritive change of the contents of these cells. The brace can have no possible relation to the nutrition of these cells.

2. Adhesion of the opposing surfaces of the joints. The instrument is powerless to promote *motion* of the joint so long as opposed by contraction. The effect of the two opposing forces is to induce severe and injurious pressure, aggravating the condition already existing.

3. By far the most formidable element in these deformities is one against which orthopædic surgery has provided no remedy whatever, and is practically powerless. This consists in adhesion of the interlacing fibres of the connective tissue which pervades the limb. If there has been inflammation, the plastic lymph effused renders the binding together of all these fibres an unquestioned fact. But it is the nature of this tissue, no less than that of joints, to move; to

allow the working and gliding of its fibres upon and across each other. When long deprived of motion, the facility of motion is lost; these interlacing fibres evidently adhere at points of prolonged contact, and successfully resist the too feeble power of the muscles.

Now, orthopædic surgery has a short way of removing the appearance of contraction by dividing tendons. It is plain, however, that all the adhesions remain as before, the consequence only being concealed. It is also easily seen that pulling a mass of such fibres is powerless to separate the multitude of adhesions; that in fact traction binds the fibres more closely together, an effect exactly reverse of that desired. If a cord be pulled, its component fibres are pressed together and made to coalesce and adhere more closely; but if slightly untwisted, the fibres separate and all resistance is destroyed. The usual forms of the external support which is intended to produce stretching hence fail to comply with the real needs of these cases.

Not unfrequently, supporters inflict positive injury. Their weight is necessarily borne by the stronger muscles above the weak limb. These muscle being tasked with more work, demand and receive increased nutrition which is consequently restrained from the emaciated limb below.

The confinement of the limb by the brace or supporters is a further serious detriment. The band by which the instrument is affixed, interferes with the circulation, and embarrasses, if not wholly prevents the action of the enfeebled muscles; and it is observed that the action is of the stronger muscles, rather than the weaker, which more need it.

These causes combine to produce the coldness, which invariably characterizes limbs thus equipped. The absence of due heat, represses all the local physiological processes, whose termination is the exhibition of the muscular and nervous power of the part.

The "indications" for treatment of these infirmities are far more inclusive than those contemplated in supports, and may be stated thus:

To remove adhesions of articulating surfaces (if such exist), especially to remove the more formidable but generally neglected adhesions of points of contact of connective tissue, which binds the muscles and restrains their action.



Experience proves that this can be done *progressively*, with great certainty and rapidity.

To increase local heat and local heat-making, the inseparable concomitant of vital power.

To repress nervous excitability and pain. These indicate power wrongly directed, and find a direct remedy in the employment in muscle building and muscular power, the activities which otherwise find morbid expression through nerve centres.

To remove cachexia—the support of the local affection through general ill condition.

The remedial method by which the above named indications for treatment were met in this case, and in many scores of similar cases, are as simple and intelligible; as direct and effectual. These methods, so far from being confined to the external and apparent, really go to the source and seat of the affection, produce direct divulsion of adhering parts, cells, fibres, and membranes. The immobile parts are progressively separated, by *motion* communicated through the vital mass, causing differentiation of its constituents. The almost infinitesimal gliding of the initial stages of treatment, grows in extent, till the aggregate mobility reaches the normal amount.

Motion is transformed into heat in the body, as out of it under similar conditions; it secures contact if oxidable matters with free oxygen of the blood, and therefore their destruction and removal, and so removes cachexia; it removes mechanical and other obstructions in the circulatory vessels, removes the fluids, and quickly disperses local inflammation in any of its stages. For this last, motion properly applied, is a reliable specific.

The ways of communicating motion or administering the remedy, admit of considerable variety, several forms being usually daily applied to different parts of the body. A partial description of one mode, will perhaps afford an understanding of the process.

A portion of a limb (always the unaffected one in beginning), is included between two elastic pads (preferably composed of rubber and leather) two or more inches wide, so arranged that the patient can, at will, apply such pressure as is agreeable to the included flesh. Short strokes of reciprocating motion is given the two pads acting in opposite directions across the part, to which the pads adhere at the slightest

touch. Every portion of the limbs, and indeed of the whole body are brought successively under the action thus afforded. By using the necessary tact, no part is so feeble, or sensitive, or sore, or inflamed, or swollen, but may be so brought under this action as to afford positive enjoyment. Not the least fatigue is produced by these processes, however feeble the subject. Confinement to the lying position, and utter helplessness are no bar to their application, the *will* being not in the least taxed. Two or three hours a day, including intervals of ten minutes each, in the recumbent position, are usually devoted to these applications.

The immediate sensations are those of lightness, warmth, buoyancy, freedom from pain, and sleepiness.

The progress of the case now considered, was about as follows. Permanent natural warmth returned to the cold extremity in about two weeks, at which time the nocturnal pains characteristic of the disease, had disappeared. She could straighten both hip and knee in about five weeks, at which time, being provided with a cork sole to compensate in part for deficient length of limb, she began walking on it; in a little while wholly discarding crutches. She now walks to and from treatment, about three and a-half miles, without fatigue, and with but little limp. It is unnecessary to say that the steel support was discarded at the beginning of treatment.

The method of cure now described, which may be known as that of transmitted force, has the advantage in these cases of deformity, of supplying general as well as local remedy. Whether the local means consist of mechanical support, or of progressive divulsion, there can be no true cure while the condition of the system which first allowed the local affection to occur, shall continue. Transmitted force, as above described, has unparalleled power to correct physiological defects, and support physiological activity at all points. The oxygen consumed is increased; the carbonic acid and urea produced are correspondingly increased. The perfection of these chemical results correspond closely with the evolution of power, muscular and nervous, and also with that available by the system for its growth and reparation. The incorrect and morbid products of nutrition, and the evidences thereof in these local defects, dis-

appear, being supplanted by a more perfect action, and completed products, both for organization and rejection, and a desideratum in medical and orthopædic practice is supplied.

(To be continued.)

### THE MINIMUM DOSE VS. THE SMALL DOSE.

BY H. M. PAINE, M.D., OF ALBANY, N. Y.

At the late meeting of the Homœopathic Medical Society of the State of New York, held in Middletown, remarks were frequently made advocating the administration of very highly potentized remedies, by those who have had long experience in their use in private and hospital practice; hence, ought to be well qualified to recommend only that which is sound in principle and reliable in practice. This experience is not a new one. At nearly all of the recent meetings of the Society the same stale rehash of alleged successful sample cases have been repeated, and the same urgent appeals to go from high potencies to those still higher have been reiterated, until this feature is becoming decidedly monotonous, and enforces the question whether this singular medical phantom is likely to continue to hold dominant sway at the meetings of our medical associations.

This peculiar mode of treatment has been of late so persistently advocated that it is pertinent to inquire whether it has any connection whatever, immediate or remote, with the proper application of the principles of homœopathy. Is there indubitable evidence showing that the alleged cures by so-called dynamized remedies are effected by the direct application of the rule *similia, and that only*?

It is claimed that these cures are *homœopathic facts*, but, on a careful examination of the cases, is there not a decided preponderance of evidence in favor of the hypothesis that they are no other than *psychological or magnetic facts*—just such as are constantly occurring without the intervention of medicines of any kind?

It is probable that the advocates of this questionable mode of treatment are self-deceived, and that they are earnestly engaged in an attempt to beguile the homœopathic school into the "pathless wilds" of modern medical transcendentalism. They are *palming off*, under the guise of homœopathy, a *very different thing*. Hahnemannians are sailing under *false colors*.

While true to Hahnemann, they are *false to homœopathy*. While treating their cases psychologically or magnetically, *they claim that they are practising homœopathically*.

It is not important, however, for us at present to offer a satisfactory and philosophical explanation of the *modus operandi* of this mysterious method of treatment. The only question for us to determine is—*is it homœopathic*?

In order to ascertain whether the use of highly dynamized remedies is homœopathic or not, it is necessary to clearly understand the *principles involved in their application*.

All practice that is not based on well known principles is empirical. Pure experimentation is simply empiricism. No reasonable objection can be made to the mode of practice in question on the ground of its being empirical. Empirical practice is, without doubt, frequently necessary, and, as such, should be encouraged; but when conducted under *false colors*, its real character should be made known. When effort is made to disguise its features by assuming the name of homœopathy, its false position should be exposed, and it should be assigned its proper place in the department of therapeutics.

The real point at issue need not be mistaken or evaded. There is not the least desire on the part of any one to prohibit the presentation of cases of alleged cures by high potencies, or question the fact of the recoveries. No valid objection can be made to the frequent discussion of this prolific subject, (although, to many members, it seems a waste of valuable time—provided the Society is so disposed. The consideration of the subject should not be avoided, even if the method is proven non-homœopathic. The freest latitude and largest scope should be allowed in the relation of experiences, just as there should be unrestricted liberty of opinion and action regarding all medical matters.

If the method of treatment in question is homœopathic, let it be endorsed without reserve; if non-homœopathic, is it wise and prudent longer to encourage its further consideration under an *assumed name*?

The question at issue, therefore, has reference to the homœopathicity of the method by which the alleged cures were effected.

Strict Hahnemannians claim that the cures following the administration of highly dyna-

mized medicines are a direct result of the remedies used; also, that they constitute irrefragable evidence of the proper application of the law of cure. They claim that all such instances, when taken collectively, constitute a series of *scientific facts* upon which may be safely predicated credible evidence both of the law of cure and that of potencies. They claim that these cases are instances plainly showing the efficacy of the *minimum dose*.

In order to furnish conclusive evidence that these assumptions are well-founded—evidence which will carry conviction to the minds of impartial investigators—something more than a mere assertion of the fact is required. The evidence furnished ought to be positive and convincing. That cause must be weak indeed which is supported by a negation; and particularly so in the present instance, in which the question at issue is one easily demonstrated by experimentation. The negative proposition that, as the causes of disease “are dynamic”\* (imponderable), therefore immaterial doses are essential, is suffused with sophistry. As well might the assumption be confidently made that, because the mind is immaterial the body requires only food that is of like imponderable nature.

If this proposition establishes anything it proves too much. It is equivalent to the assumption that homœopathy and psychology, or magnetism, or other imponderable forces, are identical; or else it involves the absurd theory that there are many phases of homœopathy—for instance, the psychological, magnetic, electric, galvanic, hydropathic, isopathic, etc.

While we freely admit that diseases are not entities, and that imponderable forces frequently produce as well as cure them, we deny that medicines, on that account, must be immaterial in order to act homœopathically. We also emphatically assert, that when imponderable forces cure diseases they do so by virtue of a principle other than the homœopathic. We submit that cures effected by the use of either so-called medicines or forces in an immaterial form are not instances of the proper application of the homœopathic law of cure.

Although, for more than half a century, zealous defenders of dynamization have been repeating the series of facts which they claim

substantiate the applicability of the law of potencies, an explanation of the principles of its action appears to be a feat which the most ardent among them is utterly unable to accomplish. They are as ignorant of the elements, compass and proper application of the theory of dynamization as was its eccentric author. If Hahnemann had an intelligent conception of its principles, his bungling attempts at its elucidation are miserable failures. They are unworthy the name of a contribution to medical literature. Notwithstanding the weakness of Hahnemann's explanation, his followers are constantly referring to the wise sayings of The Master. In paragraphs 279 and 280 of the Organon, we have a fair sample of them. Regarding the changes which he assumes take place in the medicines by the process of dynamization, Hahnemann says: “Develops the energy; increased the energy; real awakening of medicinal properties that lie dormant, which then became capable of acting in almost a *spiritual* manner; penetrated more deeply into the essential nature of the medicinal substance; to liberate and bring to light the more subtle part of the medicinal power that lies still deeper; medicines of the most penetrating efficacy; properties that lie hid in the essential nature of the medicinal substance; renders the mixture much closer.” These and many equally obscure and ambiguous terms and phrases indicate very clearly that Hahnemann was dealing with a force, of the action, influence and extent which he was utterly ignorant. He evidently intended to convey the impression that the process of dynamization developed some kind of occult curative force other than that derivable from a minute subdivision and disintegration of the substances employed.

If Hahnemann had communicated his views in clearly defined medical terms, his followers, by pursuing the same line of investigation, would have either confirmed or set aside his pet theory of dynamization. Such a prudent course would have been worthy of respectful consideration by the whole medical profession. Instead of this, Hahnemann has made use of obscure terms and phrases, words of doubtful meaning and difficult of satisfactory explanation, and has thereby thrown over the subject a glamour of vagueness and mystery, which, to many persons, has an irresistible charm. By the adoption of

\*Cincinnati Medical Advance, p. 334, current volume.

this plan, (one of doubtful expediency), Hahnemann allured his followers into a trackless wilderness and then left them without guide or compass. Evidently it did not occur to Hahnemann that there was a possibility of a *natural limit* to the minuteness of the material dose, beyond which, if action should occur, it could not be reasonably ascribed to the medicine.

It is true that Hahnemannians have, with commendable zeal, implicitly followed the directions given in the Organon, in the confident expectation of ultimate success. Their intense devotion to and veneration for the Master have impelled them to blindly follow his instructions to the letter, in their futile efforts to find the smallest effective dose. It is presumable that, in a matter so easy of demonstration, complete success would long since have crowned their well directed efforts, had there been any possibility of its accomplishment. Like their Master, they have no governing principle by which to ascertain results, or determine the practical significance of their ceaseless round of experiments. They are now, even after having reached the millionth potency, in their vain search after an ultimatum, as earnestly seeking the *minimum dose*, as they were when they started upon their Jack-o-lantern chase. They are no better prepared to give a satisfactory or philosophical explanation of their insane course, now, than at the outset. They are as busily engaged as ever in the labor of accumulating *facts*. They do not stop to work out results by inductive reasoning, or deduce principles from the vast accumulations of recorded experiences gathered during the past half century. Hahnemann directed them to observe and record *facts* illustrating the efficacy of dynamized remedies, and *facts* they are accumulating with unabated zeal.

It is evident that in promulgating the specious theory of dynamization, Hahnemann unwittingly forced upon the homœopathic school an association with that which lies chiefly within the sphere of psychology—a science still in its infancy; one, a correct knowledge of which, we are almost entirely ignorant. By adopting this unwise course, Hahnemann introduced an element which has sadly interfered with the general acceptance of the principle *similia*; and has thereby prevented the accomplishment of a vast amount of benefit to a suffering humanity.

It is a matter of astonishment that, from a homœopathic point of view, the unintelligible, contradictory, unphilosophical and practically useless recommendations of Dr. Hahnemann, regarding the dynamization of medicinal substances, should, at the time they were promulgated, have been endorsed by the homœopathic profession; and it is even more surprising that, at the present day, a number, even a small minority, still claim for them the least degree of importance.

At stated intervals the prudent business man strikes a balance sheet, in order to ascertain his pecuniary standing. In like manner have we not, as a school of medicine, arrived at a point at which a retrospective view will enable us the better to ascertain our exact relative position in the broad field of medical science. Is it not the part of prudence to take our bearings, in order to determine whether, as a distinct school, we are making steady and satisfactory progress; whether we are moving toward sound conservatism or drifting in the uncertain and mazy atmosphere of medical transcendentalism?

Hahnemann evidently did not comprehend the principles underlying the law of potencies, neither do his ablest defenders at the present day. When requested at the meeting of the Society to state the principle by which they selected the proper potency, they were as dumb as oysters. Afterward, perceiving that silence placed them in an awkward dilemma, one of their number endeavored to effect a safe exit by offering the specious subterfuge, in substance, *that the principle involved was not within the comprehension of the finite mind!* What a spectacle? Let us hope that we shall not again witness so lamentable a spectacle of groping in the "pathless wilds of latitudinarianism," at any of the future meetings of our Society.

Without doubt there is a law of potencies; one which, within certain limits, is plainly applicable; but, is the non-homœopathic and usually untrustworthy practice of strict Hahnemannians a fair exemplification of either the law of cure or that of potencies?

It is claimed that, "with reasonable rapidity the whole allopathic profession is embracing the belief that not only small but attenuated doses act more promptly and successfully as cura-



tive agents."\* While this statement may be strictly true regarding doses supposed to be material, neither the old school nor a majority of homœopaths are disposed to carry the process of division and disintegration beyond a point at which there is a reasonable probability that the medicinal substance exists in a material form.

In order to throw light upon this obscure subject, and furnish data by which may be predicated, at least approximately, some of the basal principles of the law of potencies, would it not be well for those who report cases of alleged cures by so-called highly dynamized remedies, to furnish an explanatory statement setting forth the reasons for the selection of the potency in each instance; also, the reasons why a lower or higher one was rejected. Moreover, as Hahnemann asserts that the efficacy is proportionately increased by the amount of trituration or succussion, let a statement accompany each case showing whether the medicine has been moderately or highly dynamized by short or long continued agitation.

While, as previously stated, no objection can be properly made to empirical practice *as such*, are there not good and abundant reasons why the series of empirical investigations which have been conducted during the past half century under an *assumed name*, should be, henceforth, continued in such a manner as no longer to constitute a standing reproach to homœopathy? Inasmuch as a continuation of the system of experimentation pointed out by Hahnemann in the *Organon*, from a psychological or magnetic point of view, may prove of interest and possibly of benefit to mankind, let no action be taken by medical societies which will interfere with them, except to sever all responsible association therewith, until something more convincing be furnished than merely theoretical evidence.

One of the members present at the meeting attempted an explanation, by stating that, as a rapid succession of the blows of a hammer renders iron magnetic, in like manner the succussion and trituration of remedies develops a similar force, which force receives an impression from the medicinal substance employed.

Whether this theory is true or false, in view of the fact, that dynamized substances which

have no toxical properties in their crude form, occasionally accomplish cures; also, inasmuch as magnetism without the aid of any medicinal substance whatever, effects cures which are just as satisfactory as those following the use of dynamized substances, we hold that its advocates have no right to claim that it is a proper application of the homœopathic principle. Moreover, having endeavored unsuccessfully many years to demonstrate the advantages of the use of highly dynamized remedies, and to reach an ultimatum with regard to the minimum dose, and being still unable to furnish a reasonable theory of the principles involved, Hahnemannians are not warranted in continuing their efforts to enforce the recognition of this fanciful method of treatment through the medium of the homœopathic school.

The time has at length arrived when, either the principles of dynamization ought to be succinctly stated, or else the endless round of useless experiments inaugurated by Dr. Hahnemann should be continued *only* under auspices other than homœopathic.

There is no earthly use of accumulating other thousands of alleged cures by high potencies. We have now an enormous surplusage of them. The fact of the cures is undisputed. Let us have an intelligible theory of the *modus operandi* of these cures. Until this is done, we are justified in assuming their non-homœopathicity and in formally disclaiming all relationship with them by the adoption of a resolution to that effect.

We are forced to this position by the fact that the upholders of this unreliable and unphilosophical method of practice claim that it is an exemplification of a proper application of the homœopathic principle; whereas, no evidence is furnished whereby, from a homœopathic point of view, such an assumption can be substantiated.

Another very important item in connection with this subject is the fact that representatives of this method of treatment hold prominent positions in homœopathic medical colleges. Having been appointed to fill these responsible positions on account of their zeal in the defense of homœopathy, are they not exerting a powerful influence in direct opposition thereto; and are not these institutions fast becoming centres whence are emanating erroneous theories regarding dynamization and the minimum dose; theories which are subversive of homœopathic principles? Should not homœopaths carefully guard these educational institutions against the encroachments of this singular form of medical delusion? And should not the trustees of all homœopathic medical colleges see to it that the homœopathic system of practice is not misrepresented in their respective institutions?

*Clinic.***SURGICAL CLINIC OF THE NEW YORK  
HOMOEOPATHIC MEDICAL COLLEGE.**

BY PROF. W. TOD HELMUTH, M.D.

(Reported by C. A. Leal, M. S.)

The growth of a scirrhus is slow—that of the encephaloid is very rapid. The pain of scirrhus is lancinating, sharp and burning, and is localized—while in encephaloid it is slight and erratic in the early stages and until ulceration begins, when it becomes very severe.

In scirrhus, the ulcer is crusted with spoiled lymph, and has steep and abrupt edges—looking as if it were punched out with a gouge—and bleeds little and seldom. Lymphatic enlargement does not usually take place until suppuration is about to occur; and although it may appear at any time after puberty, it is seldom found until after the age of thirty-five.

In encephaloid tumors, the ulcer is foul and fungoid, with thin and undermined edges, and is subject to free and copious hæmorrhages. Lymphatic involvement generally is found in the early stages of the disease; which occurs at all periods of life.

The scirrhus is seldom developed sooner than eighteen months; while the encephaloid usually reaches a fatal termination in twelve months.

In the case before you, if you will examine closely into the present condition and past history of the patient, you will notice that the indications are those of scirrhus rather than of encephaloid. The length of time of its development; the late lymphatic enlargement; the character of the pains; and the present appearance of the tumor (being covered with the spoiled lymph), together with the appearance of the ulcer—it being clearly cut, as it were—and the absence of hæmorrhage, point decidedly to the diagnosis of scirrhus.

There is a peculiar point in connection with the history of this case. All the periods of exacerbation were in the summer. The patient, too, does not have the cachectic look we would expect; his general health seems to be very good.

The indications which would point to an operation in this case are the strength of the

patient, and the chance that his life, which will be but short at best, will be made easier, and perhaps be prolonged for a time.

The patient was sent to the Ward's Island Hospital, where the question of operative interference in a case so aggravated and advanced was to be placed before the visiting surgical staff.

**FISTULA IN ANO.**

A fistula is an abnormal canal leading from a cavity to the surface—that is a complete fistula. If it stops short of the cavity, it is an external fistula, or one that is internally blind. If it stops short of the surface, it is an internal or externally blind fistula.

The primary cause of these fistulae is not well known; but that they result directly from an abscess is very evident.

Probably they are caused by irritation of the parts, perhaps from want of proper cleanliness, which results in abscesses slow to heal, lined with a pus-producing membrane.

The two most successful methods of operation are as follows. The first, or cutting—devised, I think, by Dr. Gross—is the one I shall perform now, on these patients.

I first introduce a probe into the opening and insinuate it through until I can ascertain by feeling with the first finger of my left hand introduced into the rectum, the direction of the canal, and whether it is blind or not internally. I find that it passes up towards the gut, but stops short of it.

I now substitute a strong director with rather a sharp point, for the probe, and force it through into the rectum, guiding it with the finger that has been introduced, and which I now use to pull the point "down and out." The director now is thrust across, and rests on the buttocks, supporting the tissue between the fistula and rectum outside. I now divide with a sharp-pointed curved bistoury the tissues upon the director, and the parts retract to their normal position. You will observe that, by using the director to bring the tissue out to the surface, I can see just the amount of tissue I am cutting.

This man has also a fistula leading backwards from the margin of the anus almost to the tuberosity of the ischium, three inches in length—this is an ischio-rectal fistula, and is treated by passing in the director and cutting

up the whole length of the canal, being careful to open it completely, to prevent healing on the surface and thus leaving a cavity, which would necessitate a repetition of the whole operation, by the formation of a fistula perhaps worse than the first.

These other two cases are just like the first; the last patient having only one fistula. None of them open entirely through. If that were the case, matters would be very much worse from the escape of feces through the canal, which of course could not be controlled by the sphincter.

If these patients could not be kept still until the parts healed, I should have recourse to the operation with elastic ligature, which is as follows:

Having first passed the probe to ascertain the direction and extent of the canal, I pass the director as before, completing the canal, if it is not so already; and then, threading my probe, which has an eye for the purpose, with an elastic ligature, which, you see, is a round rubber cord about one-eighth of an inch in diameter, I pass the probe through the fistula, along the director, into the gut and out at the anus; then, by withdrawing the director, the parts retract and I have the fistula threaded, as it were, with the rubber cord. I now put the cord on the stretch—extending it to about twice its original length—and slide a small leaden ring or clamp made for the purpose (instead of which you can use a slit lead bullet), close up to the tissues, along the two ends of the ligature, and there clamp it, by crushing it tightly upon the cord with a pair of forceps. The patient is then allowed to go about his business; which constitutes the great advantage of this method of operation. This band of rubber will cut through in from seven to ten days, and needs no special attention. Having now thoroughly divided these five fistulæ, I shall have them treated by packing the incisions with lint, thereby causing them to heal by granulation from the bottom of the wounds.

As I have intimated, there are other operations for fistula in ano, and all have claim to some merits of their own; but I think you will find that the two now described to you will answer your purpose in all ordinary cases.

## SURGICAL CLINICS OF PROF. CHAS. M. THOMAS, M.D.

HAHNEMAN MEDICAL COLLEGE, PHILA.

(Reported by Clarence Bartlett.)

A marked enlargement of the spermatic veins, known as *varicocoe*, may give rise to quite a good-sized tumor, although to confound it with hydrocele would hardly be possible if we bear in mind the peculiar irregular earthworm-like feel of the varicose venous trunks, and the fact that the tumor grows larger when the patient stands and decreases in size when he lies.

Hydrocele is not confined to any one period of life, appearing sometimes as a congenital trouble, at others, not till very late in life. It is not in any respect a serious disease, nor does it call for treatment, unless for the purpose of freeing the possessor of a burden or deformity. The treatment is mainly operative, and either directed towards giving temporary relief (*palliation*), or toward a permanent eradication of the trouble (*radical cure*). When the accumulation of fluid is small, particularly if the patient be rather old, it is hardly politic to interfere, the tumor not being large enough to prove annoying or unsightly. In young children with congenital *varicocoe*, we hope, that, through cooling or irritating lotions (alcoholic lotions, &c.), or other remedies, there may take place a resorption of the fluid. Should, however, the growth be large, or the patient desire immediate relief, I deem it best, in most cases, to begin with palliation, *i. e.*, the simple evacuation of the fluid by means of the trocar and canula. In this way the patient is freed of his burden for a few weeks or months, and beside we are thus enabled to judge of the condition of the testicle (tendency towards or presence of degeneration which would contraindicate a radical treatment); and by doing our radical operation before the re-accumulation of the fluid to so great an extent as before, we reduce the amount of serous surface in the sac, and thereby lessen the severity of the inflammation during the cure. The radical cure, then, you will please bear in mind, can be accomplished in a variety of ways; the object in each, however, being to set up a sufficient amount of inflammatory action to either destroy the secreting surface of this serous sac, or to obliterate it entirely by bringing about adhesion of its surfaces. Probably the use of the *seton* and

the injection of an irritating fluid such as *Iodine*, are the two most reliable procedures.

When the latter method is used, the fluid is first removed by the trocar and canula, care being taken that the sac is well emptied of the serum; if, then, there be no contra-indication to the operation in the discovery of enlargement or sensitiveness of the testicle, you may throw, by means of a small syringe, about two and a half drachms of iodine tincture through the canula into the sac; after which the canula is withdrawn, allowing none of the iodine to escape. The patient is now put to bed, and kept very quiet for three or four days, at the end of which time the parts will have become very sensitive, and swollen almost to their original size; by the eighth or tenth day, however, the inflammation will have considerably subsided, and the patient may be allowed to walk about with the scrotum well supported. In four to five weeks from the date of operation, the parts will generally be restored to their normal appearance.

If the cure by the seton be employed, you first drain off the fluid by a puncture quite low down in the scrotum, then reintroduce the trocar, without removing the canula, and thrust the instrument through the tissues, from within outward, at the uppermost portion of the sac. The trocar being now withdrawn, three or four strands of silk or linen thread are drawn through the canula by means of an eyed probe; the instrument is then withdrawn, leaving the threads in place. They are loosely knotted to allow for the swelling, and are not to be removed till the scrotum again becomes hard and at least a fourth as large as the original swelling. This change will sometimes take place in twenty-four hours, or again, several days may be required to excite the requisite inflammatory action.

As, in the case before us, a radical cure is not desired, I shall simply empty the sac of its contained serum by means of the trocar and canula, no after treatment being necessary.

#### FISTULA IN ANO.

Abram K—, aged 45 years, has for several years been suffering from anal fistula, and comes to us to-day more particularly for immediate relief from the pain attending a fresh "*gathering*." You will notice that he is thin, flat chested, and has a decided cough. He tells us he has

occasionally noticed blood in his sputa, and has lately been having night sweats. Examination of his chest reveals dullness in both apices and harsh respiration.

I direct him to double himself over the back of a chair, with his hands resting in the chair-seat; which position, you see, throws the buttocks well up and exposes the parts most thoroughly. For a rapid examination of these cases, I much prefer this position, at least with men, to the recumbent one. I find here a fistulous opening about a half inch to the left of the margin of the anus, and a second at about the same distance in the perineum. From both these there is a flow of pus. On the right side is a swelling showing a dusky red surface and, on palpation, tenderness and fluctuation. Into this I thrust my bistoury and evacuate a quantity of greenish-yellow offensive pus. I now order a flax-seed poultice to be used for a few days, and that he be placed on *Hepar*<sup>ss</sup>, and a nourishing diet.

You may ask me why I should simply open this abscess, and not recommend any operation for the cure of the fistula. I answer—because this man is a consumptive. But, gentlemen, I do not wish you to understand from this that I believe lung-disease to contra-indicate operation in all cases of anal fistulae. On the contrary, I am convinced that when the operation is done at a proper time and under favorable conditions it not only does not do harm to the patient, but may rather tend to improve his general condition, by ridding him of a constant drain upon his strength and an unending source of wretched anxiety and suffering.

Before undertaking an operation on such a subject, we should first be reasonably well satisfied that the lung disease has not so undermined the system as to have destroyed all reparative power. If there seems to be a probability of the wound not healing (and this is very possible in such a condition), it certainly would not be right to operate. Again, consumptives require all the fresh air and sunlight they can get; they do not bear confinement well, hence it would be improper to advise the cutting at a season of the year when the patient would be obliged to keep to his room or house closely.

If, then, the condition of the patient is not decidedly bad, and the season of the year is favorable, I do not hesitate to operate on a fistula in a consumptive, any more than in any other delicate



subject. The greatest care should, however, be taken to husband the strength of the patient during the treatment. Before the operation he should be placed upon the most nutritious diet, or perhaps be sent to the country or to the seaside for a time, and afterwards not be confined to the bed an hour longer than absolutely necessary. Arrange it, if possible, so that he can lie on a lounge or the outside of the bed in the sun by an open window, most of the day, and as soon as healing has well set in, have him placed on soft cushions in an open carriage and driven for a while every pleasant day. I think by observing these little points, beside the common details which I shall later give you, in the treatment of ordinary cases, you need not hesitate to operate in cases where relief was formerly denied these sufferers.

Therefore, advise this man to keep under constant medicinal treatment, to procure for himself as nourishing a diet as possible, especially plenty of milk, take regular out-of-door exercise, have any rapidly burrowing sinus or acute abscess opened early, and in the spring report himself for operation.

*(To be continued.)*

### ATRESIA NARIUM.

BY J. M. SCHLEY, M.D., ASS'T SURGEON N. Y. OPHTHALMIC HOSPITAL.

(Read before the Hom. Med. Soc. of the County of New York.)

Atresia of the nose is caused principally by three conditions. First, by a membranous growth; secondly, by the bending of the septum towards one side, and thirdly, by congenital errors.

While in attendance at Schrötter's clinic in Vienna for the space of two years, off and on—it was never my fortune to meet one case of atresia of the nasal fossæ.

The history of the case that presented itself at my clinic at the Ophthalmic Hospital is as follows. These notes were written very hurriedly, and are copied from record-book.

April 19.—"Sophia Hedges, age 45, born in England. Nasal passage on both sides completely obliterated. A thick membrane has grown across from outer side to septum. Triangular cartilage nearly destroyed. Parts in pharynx and larynx very much thickened. At the most anterior portion of attach-

ment of vocal cords to thyroid cartilage, a slender membrane grew from one to the other. Nose sunken in. Syphilis. We will take up each of these points as we proceed. On close inquiry patient informed me that in England, at the age of 19, while employed as a servant girl, she first noticed this trouble with her nose. Her health had always been very good—never having any sickness of any kind to her knowledge. At the age of 21 she was married to her present husband. Between the age of 19 and 21 this difficulty developed itself. She did not place herself under any physician's care at that time. Has never been pregnant. Patient is well nourished and all the functions but that of smell are performed naturally. The first thing that strikes you when the patient speaks is the peculiar nasal tone of the voice, reminding one of the speech of a child whose nasal passage is very much narrowed. On separating the *ala nasi* with Franklin's speculum, the view was interrupted by a white fibrinous-looking membrane growing completely across the passage. This membrane was placed about half an inch from the entrance of the nostrils. The smallest probe could find no entrance on the surface of this partition. For 18 years this woman had not blown her nose or drawn a breath of air through the nasal passages. The triangular cartilage was nearly entirely destroyed, a small portion remaining only at its attachment to the ethmoid and vomer bones. A bent probe passed in one nostril came out of the other anteriorly to the partition. The membrane was of a fibrous nature—very hard and immovable. The bridge of the nose had fallen in some. The membrane was smaller in diameter on the left than on the right side. The tear ducts were very slightly interfered with; they entered the passage just posterior to the attachment, of this new septum. The nasal accumulations and the tears had to pass through the posterior nares into the pharynx. The mucous membrane of the anterior and posterior pillars were very much thickened. The uvula was wanting. The posterior wall of the pharynx was very much thickened—no cicatrices. The false and true vocal chords were much thickened and their movements sluggish. At times she was aphonic.

The rhinoscopic examination showed a thickening of the mucous membrane covering the sep-

tum and a decided narrowing of the nasal fosse through the increased size of the turbinated bones. Naso-pharyngeal space encroached upon by the hypertrophy of the numerous glands here situated. Entrance to Eustachian tubes patulous and covered with a muco-purulent secretion. Hearing power much diminished.

From all those appearances I diagnosed syphilis, and placed the infection shortly before her marriage.

She did not apply for treatment of the nose, as she had been told in Europe and here that nothing could be done for her. She came more particularly about an angina from which she been suffering several days. I told her that an operation might be performed which would permit her to blow her nose and inspire air through its natural channel. There being no recent symptoms of ulceration. I thought after an operation the tissues would not take on an inflammatory condition. She consented to the operation. On May 23, with the assistance of my friend, Dr. Dillow, I operated upon patient at her house. Ether was administered and the patient placed in a semi-recumbent position. The alæ nasi were pressed widely apart by a speculum. A long, sharp knife was thrust through the membrane, which was found to be as hard as cartilage. After making an incision the membrane was seized with the forceps, and as large a piece as possible in the form of a circle was removed. On the left side I succeeded only in making a very small opening, on account of the strong deviation of the septum to that side. On the right side I was more successful. There was slight hæmorrhage. Before introducing a piece of lint through the made apertures, patient was permitted to breathe through her nostril, which act she thoroughly enjoyed. There was much less narrowing of the passage behind the partition than I had anticipated. On left side I removed a small piece of bone, after the opening had been enlarged to its fullest extent. It was a portion of the inferior turbinated bone.

May 24. Patient presented herself at clinic—removed lint. Introduced a tent made of wood.

May 25. Was sent for. Patient could not remove tent, it had swollen so. She was suffering a great deal. There was considerable swelling around the nose and over the superior maxillary bone. Removed tent (had put none in left side)

which, through absorption of fluid, had doubled in size and was very firmly embedded. Prescribed cold cloths and *Belladonna*.

Next day patient was better. She gradually recovered, and presented herself in a few days at my clinic.

About 3 weeks after the operation the left nostril became completely occluded again.

The patient was seen a few days ago. The aperture has not grown any smaller, and she enjoys now the great comfort of closing her mouth and breathing through her nose at night when asleep.

#### A FEW CASES OF CEREBRAL LESION.

RECORDED BY A. W. HOLDEN, M.D.

##### PART II.

CASE II. N. F., æt. 22, private, Co. I, 54th Pa. Vols. Admitted May 19th 1864, from field hospital, with gun-shot wound right side of head. Wounded in action, near New Market, Va., May 15th, 1864, by a minnie-ball (as supposed) which plowed a longitudinal furrow about three inches in length above the right ear, in an antero-posterior direction. Skull fractured. Simple dressings. Suppuration speedily established. July 29.—Exfoliation of several fragments of bone, subsequent to which the wound healed rapidly, and the patient returned to duty, cured.

CASE III.—F. B. æt. 36, Private, Co. G, 22d Pa. Cavalry. Admitted June 8, 1864, from the front. On the 6th inst., while on a scout with his regiment near Moorefield, W. Va., was knocked down and trampled upon by a drove of 30 or 40 horses which had been stampeded by the enemy's fire. Remained insensible upon the field for half an hour or more, when he was picked up and carried to field hospital, and thence two days later to Clarysville. Covered with a number of cuts, bruises and contusions, the most serious of which are upon the left side of head and face. Fracture of the external table of left parietal bone, about three inches above and diagonally forward of the meatus auditorius externus. After running through the ordinary stage of suppuration and union by the second intention, the patient was discharged cured. There were no untoward symptoms.

CASE IV. J. D. L., æt. 16, private Co.

G, 91st Ohio Infantry. Admitted from field July 23d, 1864, with gun-shot wound of head. Wounded in action near Winchester, Va., July 20th, by a pistol or carbine-ball which penetrated the skull near the junction of the occipital and parietal bones, at the point of intersection of the sagittal and lambdoidal sutures. Wound first dressed in field hospital, when the regimental surgeon ascertained that the ball had penetrated and still remained in the brain. July 28th.—Complains of deep-seated pain in the supra-orbital region, and a slight degree of deafness.

*Treatment.*—Topical dressings, and generous diet.

August 18th.—Suppuration ceased. Wound cicatrized. No depression of skull or abnormal sensitiveness in the region of the injury. Discharged cured, and returned to duty.

CASE V. H. S., aet. 17, private, 22d Va. (rebel) Cavalry. Taken prisoner at the action near Cumberland City, Md., August 1st, 1864, and brought to hospital on the 5th, with gun-shot wound of vertex of skull and right thigh. Having been detailed as teamster, and while lying in camp to the rear of the Confederate forces, about two miles south of the city of Cumberland, he was wounded by the explosion of a shell in his vicinity, one fragment of which struck the skull at its vertex, lacerating the scalp to the extent of three inches in an antero-posterior direction, denuding the periosteum and fracturing the skull. Another piece of the shell struck the right knee a short distance above the patella, inflicting a transverse lacerated flesh wound about an inch in depth. Another small portion of the missile penetrated the integument above the right superciliary ridge.

*Appearance on admission.*—Patient worn, haggard, weak and feverish. Wounds inflamed, irritated and angry. Secretion from abraded surfaces, sanious, fetid and unhealthy. Knee tumid, painful, sensitive, with a constant oozing of synovial fluid from the wound. For several days the two principal wounds assumed a grave and unpromising type, the knee at one time putting on the aspect of gangrene, and the wound of the head secreting a thin and exceedingly offensive pus. Had not the latter threatened a serious result, amputation of the leg would have been performed, in consequence of the persistent, and exhaustive inflammation at

the knee. The topical treatment consisted of charcoal poultices, resin cerate, and cold water dressings. Constitutional treatment, supporting.

On the 25th September, the fractured fragment of skull, being about the size of a half dollar, was removed from the vertex at the junction of the lambdoidal and sagittal sutures; the pulsation of the meningeal arteries distinctly visible at the opening. Under the treatment, indicated, the patient slowly convalesced, and in the early part of November following, was discharged cured, and turned over to the provost marshal for exchange. The injury to the knee had resulted in contraction of the muscles and partial ankylosis.

CASE VI. W. H. P., aet. 43, private, Co. A, 23d Ohio Infantry. Admitted to hospital, Oct. 17th, 1864, with gun-shot wound of head and fracture of skull. Wounded in action at Cedar Creek, W. Va., Oct. 13th, by a fragment of shell, which inflicted a triangular wound of the scalp of an inch or more in length on each side, about two inches above the occipital protuberance, and one inch to the right of the median line. The external table of the skull was fractured but not displaced. Loss of blood is represented as having been considerable at the time, and the patient remained senseless for some time on the field of action. On his arrival at the hospital, the wound was dry, angry and painful—lips of the wound everted, tumefied and irritable. Adjacent parts hot and swollen, sensation of pressure on the brain, with headache and inclination to coma.

*Treatment.*—Cold water dressings, and a supporting regimen, under which he recuperated rapidly, and in about six weeks was returned to duty cured.

CASE VII. P. W., aet. 23, laborer in blast furnace. Gun-shot wound of head.

During the spring of 1865, shortly after the back-bone of the rebellion had been broken, by the capture of Richmond, and the surrender of Lee's army, being at that time on duty in the U. S. Military Hospital at Troy, N. Y., I received an urgent invitation to take medical charge of a mining village at Mt. Savage, Md., among the Alleghanies, about 16 miles from the city of Cumberland, the resident physician, Dr. Thompson, having been suddenly called to Paris, by the alarming illness of his sister.

As the war was virtually ended, I concluded to accept the offer, and accordingly resigned my position in the army medical corps.

While sitting in my office one afternoon, a few weeks after my arrival, two men staggered into the room. One of these was suffering from a gun-shot wound of the head. His companion explained that they had been out shooting squirrels; that a shot-gun had burst in the hands of the wounded man, and that a fragment of the barrel, three inches in length, and three-fourths of an inch wide, struck him on the temple, penetrating the skull and cerebrum to the distance of two inches or more, and remaining imbedded there. The injured man immediately fell to the ground, and remained insensible until his companion, by the exertion of considerable force, succeeded in extracting the missile, when he received sufficient consciousness to enable him to seek medical assistance. I received the statement as to the size of the piece of gun-barrel with several grains of allowance, but as the injury was evidently of a serious, if not fatal character, I at once proceeded to its care. After cleansing the wound, the exudation from which exhibited the presence of broken down cerebral tissue, and applying temporary dressings, the patient was ordered to bed, with strict injunctions to keep perfectly quiet. This was about 4 o'clock P. M. At 9 o'clock the same evening he became unconscious and comatose, with stertorous breathing, and other indications of compression of the brain. By the following morning his condition had become highly alarming, and I sent for two surgeons with whom I had been associated at the U. S. Military Hospital, in the neighborhood, to act as counsel. It was immediately determined to resort to the operation of trephining, which was promptly done. A crucial incision and laying back the integument, revealed a fracture and depression as well as perforation of the bone. This depression was restored to position after the trephine had accomplished its work. There were removed about four ounces of cerebral matter from the opening, together with blood-clot, serum, spiculæ of bone, a fragment of hat and piece of gun-wad. The wound was thoroughly cleansed of all foreign substances, and also of the disintegrated brain tissue, and properly closed and dressed.

For many days and nights following, the

patient remained in a critical condition, and his recovery seemed doubtful. At length, however, our attention and care were rewarded by restored consciousness, and the case proceeded rapidly forward to convalescence. Two years later, I heard through Dr. Thompson, who had returned from Europe, and resumed his duties at Mt. Savage, that the man was enjoying his usual good health, and pursuing his customary avocations in the iron-works.

The moral to be drawn from this summary is that a very unpromising case may recover, with suitable care and attention; and that conservative surgery should commend itself to the enlightened appreciation of our school of medicine.

(To be continued.)

### HOW TO ABORT GONORRHEA.

BY ELIAS C. PRICE, M.D., BALTIMORE.

Gonorrhœa first comes on with a stinging, burning, cutting pain in the urethra within an inch or an inch and a half of the orifice, or urinating, usually in from three to five days after an impure copulation. In from four to twenty-four hours after the burning is first felt a secretion of muco-purulent matter begins. As soon as the first drop can be squeezed out the patient should go to his physician. The first thing to be done is to inject a few drops of *pure glycerine*, but only enough to fill the urethra as far back as the inflammation extends, hold it there five minutes, then let it escape. The patient should always urinate before using the injection, the injection will aggravate the burning for a short time. Another, and perhaps better plan is to take a Sim's modification of Emmet's flat silver probe with a slide, such as is used in the treatment of females, wrap a small piece of raw cotton around it, saturate it with glycerine and pass it into the urethra an inch or more, push it off the probe, let it remain half an hour and then withdraw it, in a few hours the burning on urinating will have ceased and the discharge of muco-purulent matter also. While the improvement continues do not use the glycerine, but if in twelve hours the burning begins to return, use the glycerine again, and give externally from the beginning *Merc. corr. 3 x trit. 3 grs.* three times a day. In the majority of cases the patient will be well in from 36 to 48 hours.

In chronic cases, if the glycerine alone did not answer, I would add about one-third part of either fluid extract of *Hydrastis Can.* or *Silphium Laciniatum*.

If the flat silver probe is used it would be well to keep one for that purpose, as the physician, by a little carelessness, might convey the disease to his female patients by using the same instrument with them.



## The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicina, Surgery and the Collateral Sciences.

Editors:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. I.

### THE STATE SOCIETY.

At its last annual meeting, the State Society placed itself squarely and honestly on record before the profession and the public. In doing this, it simply gave its official endorsement to what has always been the belief and practice of the majority of its members. We have thus shown by our official action, as the majority of us have always endeavored to show in our private practice, that we are not exclusive, but that while we give due importance to great and well established scientific facts in therapeutics, we stand on ground so broad that we recognize truth coming from whatever source it may, and stretch out our hand in earnest welcome to every honest intelligent worker in the great field of progress. The man who anchors himself immovably to a single theory, and the man who closes his eyes and ears to all investigation unless it flows in a *regular* channel, alike fight against the inevitable, and will find themselves stranded on the rocks while the great current of thought flows on its resistless way. Is science so positive that we can say its limits are fixed and can never be changed? The whole domain of science is ever changing. Each new revelation compels us often to reverse conclusions formed but yesterday. The school which recognizes this fact, which casts aside none of the revelations of chemistry, physiology and pa-

thology, but moves on with the current of intelligent thought, will be the school of the future; the school around which will crystallize the work of the best minds.

We as a school have taken this position, the only one which must inevitably succeed. Let us take no backward step, or be driven from our position by outward attacks or unwise influences within our ranks. If we will, the old war cry of Allopathy and Homœopathy may fade away in the past, as a great profession marches on grandly and triumphantly under the broad folds of the banner of "*physicians*." *State Society of New York*, we adjure you take no backward step. It is onward to victory or backward into a soon forgotten past.

### THE POTENCY QUESTION.

We have always claimed that the exact point of dilution which should be dogmatically insisted upon as orthodox, was not in the direction of scientific investigation.

The question now seems to be in a fair way of solution, as the Milwaukee Academy of Medicine, has adopted the suggestions of Dr. Lewis Sherman, who proposes the following:—

"A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of Aconite, and nine similar vials, moistened with pure alcohol, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The number given to the Aconite vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains Aconite.

These preparations are to be put up with the greatest care, in the presence of the members of the *Milwaukee Academy of Medicine*, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers.

The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of Aconite, and who have faith in the efficacy of the thirtieth dilution.

If a hundred physicians engage in making the test, and all or nearly all single out the Aconite pellets, the inference will be that the thirtieth dilution represents the medicinal properties of Aconite.

If only about ten of the hundred succeed in the trial, the inference will be that the thirtieth dilution of Aconite possesses no medicinal properties, for, according to the law of probabilities about one in ten would guess right without making any trial."

\* \* \* \* \*

"If those who advocate the use of these preparations refuse to participate in the experiment, the profession will have reason to suspect that they are insincere.

If the result of the test should be, to prove that the thirtieth dilution of a drug can make the sick well or the well sick, then it must be acknowledged that in this a great discovery has been made in Physics as well as in Medicine, and the science and ingenuity of the civilized world will be set at work to find out the useful applications of the discovery.

If the result should be, to prove that the thirtieth dilution has no such powers as it is claimed to have, then the medical profession has a right to demand that the symptoms supposed to have been produced by the thirtieth and higher dilutions be expunged from our *Materia Medica*, and that the advocates of the potentization theory shall henceforth cease to prate their "cures" in medical journals and before medical societies, which are avowedly devoted to the interests of Science."

\* \* \* \* \*

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schlämilch, 491 Third street, Milwaukee, Wisconsin, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

The above proposition certainly has a semblance of fairness and honesty and we trust all who can will lend a hand in aid of its purpose.

As it is not presumed that any one will intentionally deceive himself, and as none should allow prejudice to hinder their search for truth, there seems no reason why all those who be-

lieve in potentization should hesitate to enter this investigation.

### OUR CRITICS.

*The Cincinnati Lancet, Ohio Medical Recorder* and other Medical Journals of the same school, make an article which appeared in our Journal some time since on the "*Critical period of Homœopathy*, by Dr. H. M. Paine, of Albany," a text upon which to preach a sermon upon the "*Decadence of Homœopathy*." With the usual accuracy of statement which characterize our opponents when speaking of Homœopathy, they quote Dr. Paine's article as *editorial*. Dr. Paine needs no help from us, editorially, in taking care of his own statements, and we only refer to the matter to show how completely one of the Journals is kicked over by the recoil of its own gun. It says:—

"Business is business. If homœopathic pharmacists, book sellers, etc., found a demand among regular physicians for their goods, they would advertise in the regular medical journals. Conversely, if regular pharmacists, book sellers, etc., found a demand among homœopathic physicians for their goods, they would advertise in homœopathic medical journals. Among our regular exchanges we find not a single homœopathic advertisement. In the *Homœopathic Times*, the editor's own organ, we find seventeen and a half pages of advertising, distributed as follows: Hom. hospital,  $\frac{1}{2}$  page; hom. colleges,  $1\frac{1}{2}$ ; hom. books,  $\frac{1}{4}$ ; hom. pharmacies,  $\frac{1}{2}$ ; Lactopepine, 1, petroleum remedies,  $1\frac{1}{2}$ ; malt,  $2\frac{1}{2}$ ; mineral waters (cathartics! oh, ye shades of Hahnemann!), 13-16; wines, 1; regular pharmacists,  $2\frac{1}{2}$ ; regular school,  $\frac{1}{2}$ ; electrical apparatus,  $1\frac{1}{2}$ ; bathing salt,  $\frac{1}{2}$ ; infant foods,  $1\frac{1}{2}$ ; hair dye,  $\frac{1}{2}$ ; porous tablets,  $\frac{1}{2}$ ; absorbant cotton,  $\frac{1}{2}$ ; manipulators, 5-16; nurses, translator, hygienic undergarments,  $\frac{1}{2}$ . Summary:—Neutral,  $4\frac{1}{2}$ ; homœopathic,  $3\frac{1}{2}$ ; regular,  $9\frac{1}{2}$ ."

If we are not very much mistaken, this statement shows pretty conclusively who is regular and who irregular. We claim to include the whole science and art of medicine, and are not afraid or ashamed to come out openly and frankly, without one particle of disguise. We

have never claimed that *Similia* constitutes a system of medicine, but that it is a great principle of therapeutics which cannot be ignored by the careful student of medicine. Every thing which science and experience show will relieve suffering we do not hesitate to appropriate.

#### AMERICAN INSTITUTE.

We have received numerous letters of complaint as to the management of the "American Institute of Homœopathy," and the issue of its volumes of *Trans.* It is now announced that the "proceedings of the World's Convention" will "probably" be issued by March 1st next, nearly *three years* subsequent to the meeting, (notwithstanding the money was paid in advance) and we think the members have just reason to demur at such delay!

Our correspondents all complain that they can get no response from the General Secretary, even upon matters strictly belonging to his official position, and we see no way for them but to write President Wesselhœft, and we are sure their communications will receive that respect which their importance demands. The Institute is now getting too large for one General Secretary to manage, and this year he must have an Assistant, with salary adequate to the requirements of his office.

### Correspondence.

#### Messrs Editors:

Since the inauguration of the present Chief of Staff, E. Cook Webb, M.D., in the Homœopathic Hospital, Ward's Island, many changes have been effected in the internal workings of the institution.

Among the first acts of the Chief of Staff was the creation of a new functionary the "Officer of the Day."

Each member of the House Staff in turn serves twenty-four hours, and his duties are as follows:

"He shall, in connection with his other

duties, make a general inspection of all the wards and see that they are kept in order and ventilated, and that the orderlies and nurses are in their wards and attending strictly to their duties. He shall receive all visitors, and in the absence of the Chief, when necessary, escort them through the building. Any lack of discipline or neglect of duty on the part of any attendant he shall report in writing to the Chief of Staff."

A large number of chronic and incurable cases which have been filling the beds, which of right should be occupied by acute and curable cases, have been transferred to the Almshouse, B. I., or the Incurable Hospital, Hart's I.

Thus a serious and increasing evil has been done away with, and the wards now contain a much better class of patients, among whom are numbered many very interesting cases.

Within the past two months several important surgical operations have been performed by the visiting surgeons, among the most prominent of which are, the "Transfusion" of cow's milk into the veins of an anæmic girl, whose stomach and bowel refused all nourishment, by Prof. Wm. Tod Helmuth, M.D.; the operation of exposing and stretching the sciatic nerve for the cure of sciatica, also by Prof. Helmuth; and the extirpation of an epithelioma of the breast occurring in a man, by T. Dwight Bradford, M.D.

These cases will all be reported to the profession in due time.

It seems the earnest desire of the Chief, Dr. Webb, to raise the Homœopathic Hospital to a standard higher than it has ever yet attained, in which he is heartily seconded by his staff. Those immediately interested in the welfare of the institution felicitate themselves that such rapid strides have already been made in the right direction.

Very respectfully,  
ALEX. MAIN CURTISS, M.D.  
House Surgeon.

### Bibliographical.

THE TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, Vol. II. Illustrated. Boston. Houghton, Osgood & Co., pp. 650, 1878.

The book is a valuable one, and the discussions on the different reports add greatly to the interest of the original articles. The volume

opens with the Annual Address by the President, Dr. Barker, and closes with an Index of Gynecological and Obstetric Literature of all countries, from July 1st, 1876, to January 1st, 1877.

Dr. Chadwick treats of the functions of the Anal Sphincters. He claims that the only true sphincter is the external; that the internal and so-called third sphincter are evidently misnomers. He considers that they are expulsors in function, and has verified his conclusions by repeated observations on his own person. It is probable that this statement is correct; the fact urged by him that the internal and third sphincters are composed of inorganic fibres mainly, is certainly strong corroboration. He does not forget to say that the levator ani muscle also acts quite efficiently in closing the rectum. He calls attention to the fact that the rectum is not straight, as its name implies, and that a straight instrument cannot be passed through it as a rule without encountering obstruction.

Dr. John Byrne, in his article on the amputation of the cervix, claims that the Galvano-cautery is the best and safest method of operating. This may be conceded in reference to a great majority of cases. The propriety of amputating the cervix in the case of carcinoma and cauliflower excrescence may also be admitted, particularly where there is any hope of our being able to excise the whole of the diseased structure. The question as to whether the organ is to be removed on account of hypertrophic disease of the cervix, or of cystic or granular disease of an intractable character, is still an open one; and it is yet undecided which method of procedure is here the most appropriate. There is much to be said in this class of cases in favor of Sim's procedure, when the mucous membrane is brought over to cover the raw surfaces. Probably we have nowhere any approach to perfection in the work of surgery, and may be concluded by perusing the comments of the members who took part in the discussion that the mode adopted by Dr. Byrne is still one that leaves something to be desired. As it regards the contraction of the aperture of the canal left after amputation, no one has found that exemption from atresia, reported by Dr. Byrne nor can such happy results be reasonably expected. The safety of his method consists in the charring of the raw surfaces.

The scar left by a burn shrinks with a force and persistency that is equalled by none other with which we are familiar.

Judging by the comments of the participants in the discussion, this contraction is met with in the greater number of operations. Finally, while the Galvano-cautery is certainly a convenient and safe method of procedure, it is an apparatus that few possess, and the advantages of the method may usually be obtained by the combination of scissors and knife with actual cautery.

Prof. Spiegelberg contributes an article on *Puerperal Eclampsia*. He considers the Pathology of this affection, and begins with the observations of Lever, that albuminuria and eclampsia are as a rule associated, the inference being that the convulsions are of renal origin.

Next, Frerich's theory, that the urea must be converted into *Carbonate of Ammonia*, and that this was the efficient agent in evolving this state of disease.

That this ammoniemia does now and then exist has been repeatedly demonstrated, but it has also been demonstrated that it is relatively a rare occurrence.

But the disease exists so often, where the morbid anatomy gives no return, and where the fits precede albuminuria or exist without it at all, even to a fatal degree, that this theory was felt to be weak.

Then the Traube theory—Rosenstein's which is also that of sudden increase of blood pressure in hydræmic subjects, sudden effusion of serum in the brain, exercising pressure on the vessels and thus anæmia of the brain substance, Coma if in the Cerebrum, if it extend to the central part of the brain, convulsions.

Sp. says that hydræmia often fails with high pressure to excite fits, that hydræmia does not exist in the majority of cases of eclampsia. Further that it does not exist in most cases of pregnancy; and that hydræmia and high pressure do not produce œdema of the brain. Finally that the clinical picture of eclampsia differs from that of cerebral compression, as regards the states of the pulse and pupils.

He offers for this theory that the retention of urinary constituents is amply sufficient to account for all the phenomena and asserts that the eclampsia is due to an acute disease of the kidneys. His statement that a small quantity of



urine is invariably found is open to criticism. Barker, on puerperal diseases, p 108, mentions a case in which 20 oz. of urine were drawn two days after the fits supervened and yet the patient died in a state of coma within two hours of this time. This urine was wholly free from albumen.

"Sp. locates the difficulty definitely in the terminal twigs of the smaller vessels of the kidneys but is not able to specify what the lesion is. He refers to spasm of the vessels in the kidney as a possible method of causation. In addition he supposes that spasm of the minute cerebral vessels may cause an œdema of the brain and thus the fits, although he said earlier in his paper that the clinical evidences of œdema of the brain were wanting. Sp. holds that increased blood pressure does exist in this affection but not as a cause, only as a complication and aggravation. On p. 166 he weakly admits that if the albuminuria succeeds the fits "it is clear that the albuminuria is a result of the convulsions."

He could with more truth have said a sequence. That it is a result is not at all clear, nor indeed is it particularly probable.

Sp. then states that he has observed cases where albuminuria was absent or nearly so through the entire course of the disease, and as these do not fit into his theory he concludes to call them, *epilepsy*.

He sums up that true eclampsia is due to uræmic poisoning in consequence of deficient renal action. Cases of eclampsia without albuminuria are *epilepsy*.

The theory that eclampsia is due to uræmia the result of chronic or acute disease is a very plausible one, but there is quite a large class of cases which cannot logically be separated in a clinical inquiry from the class referred to above, in which the albuminuria is either absent altogether or is a sequence of the eclampsia, or is present in so slight a degree as to forbid the acceptance of the uræmic explanation.

These are cases in which there is no good reason for assigning epilepsy as an explanation of their character.

Barker in his book, p. 106, refers to this matter, and on p. 109 asks whether there is not some reason for the supposition that the albuminuria and eclampsia own a common cause. He also quotes Dr. Hicks, of London, on this

subject, and further refers to Frankhausen's discovery of a direct nervous communication between the uterine and sacral plexuses, all of which may be taken for what they are worth. There still remains the fact that there is much reason for the query as to whether there is not some cause yet undiscovered for eclampsia and albuminuria and their combination in pregnancy. There can be but little doubt that this common cause is dependent on gravidity.

Sp. remarks on the prophylactics are good in the main. When the disease is fully developed he directs his measures to three objects, the restoration of the renal function, the diminution of the arterial pressure, and the prevention of irritation of nerve centres.

He blinds himself by dust of his own raising, the renal excretion may not be suppressed, if it is, our knowledge of the cause of this suppression does not go beyond the condition of pregnancy, and yet he does not advise the unconditional removal of this cause.

The blood pressure is only a complication he admits but he makes it an excuse for the practice of venesection, and to quiet the nervous irritability as well, he uses chloroform. Chloroform may be of use in saving the brain substance from injury but it is only for this purpose that it can be beneficial. He also urges the administration of *Chloral* and *Morphine*, Diaphoretics and purgatives he reserves for slight cases. On p. 172, he comes to the only true and efficient remedy for severe cases of puerperal eclampsia, that of emptying the uterus.

The question of emptying the uterus has been much discussed in connection with the treatment of this disease, and there is still often great doubt in the minds of practitioners on this point. Much of this perplexity can be avoided by the careful consideration of the known circumstances of the case. Why do women suffer from this eclampsia? clearly because they are pregnant. Uræmia, ammoniemia, hydræmia, anæmia, œdema, increased blood pressure, either of which may be the spark which fires the tinder, but with no pregnancy we have no eclampsia. Logically what is the remedy for a condition thus dependent for its very existence on the gravid state of the uterus? clearly the removal of the gravidity.

It is here that the clouds are raised which

obscure men's minds in reference to this point. It is not to be inferred that the child is to be extracted in every case of convulsions, but in every case which is persistent or at all serious, this procedure is the one that meets the issue.

The carefully considered bulk of experience shows that no measure, or set of measures will so surely attain their aims, as will the properly carried out expulsion of the child.

There is another class of cases in which the mental cloud and uncertainty on the part of practitioners has in the past and will in the future result most disastrously for the unfortunate patients.

There are a certain number of cases where renal degeneration shown by albumen and casts in the urine, fat globules, blood etc., and dropsy also, are developed during the later part of pregnancy. With timid practitioners there is a great dread of any operative procedure, with age this dread increases. Now in these cases, renal disease has pre-existed or not, it matters little, it will as a rule, be very rapidly aggravated and if the pregnancy goes on to term, a fatal degree of degeneration of the renal glands may be, and often is reached. Convulsions may or may not be developed, this also matters little as concerns the point to be established. The condition of gravidity is responsible for the rapid progress made by this renal degeneration, often for its origin as well. Here we are so often advised to wait, let nature take its course, the responsibility of interference is thrown off, when it should be understood that the responsibility of non-interference is the one to be dreaded. Rarely such cases may be left alone. The man who habitually refuses to interfere in these cases as certainly takes his patient's life as he who actively assists in doing so.

Dr. Skene presents a plea for the use of Specula and the eye in obstetric surgery. It presents little that is new, but all he says is commendable.

Dr. Lyman calls attention to dilatation of the cervix as a means of arresting hemorrhage. He suggests that strangulation of the circulation is often the cause of the whole set of the conditions which are removed by dilatation. There is nothing new in either the theory or the practice, which is certainly often very effective.

Dr. Engleman's report on the mucous membrane of the uterus is only preliminary.

Dr. Lusk shows the necessity of caution in the employment of Chloroform in labor.

In the discussion on this paper one member said he had used Ether only four or five times, he always used Chloroform. Another referred to Ether as a safe substitute.

Some one has presented statistics to the effect that Chloroform in cases up to the hundreds of thousands has killed in a ratio of 10 to 1 in comparison with that of Ether, and yet physicians continue to use the more dangerous agent in the face of such a statement, the truth of which they do not attempt to deny. A prominent surgeon used to assert that the patients reported killed by Chloroform were really killed by its being badly administered. Taking this view, if it is possible to kill ten times as many by the use of Chloroform as by the use of Ether, it is a logical inference that in at least nine out of ten cases of death from Chloroform the administrators are guilty of murder.

E. Van DeWalker presents a plea for the use of the intra uterine stem in practice; this, with the discussion, occupies 45 pages of the volume. Some remarks made by Noeggerth of this city, are worthy of note. He says that operations on the cervix do often cure dysmenorrhœa no matter what the method is, not by correcting the position of the uterus but by their effect on the vaso motor and other nervous centers. Many differences of opinion were expressed by the members, the majority admitting the use in some degree of this kind of instrument. The article may be dismissed with the remark that the man who habitually uses the intra uterine stem in the treatment of flexions will in all probability be added to the list of those who "think discretion in its use to be the better part of valor."

Goodell reports a case of vaginal ovariectomy, and supplements this by a detailed account of all the known cases of this operation.

G. states that no case of death from it has as yet been made public. Seven cases only are known, all in America. One more was reported by Gilman, but no particulars given; it occurred in Lowell recently, and was successful. In this discussion it appeared that at least six cases are known where death followed aspiration of cysts supposed to be ovarian.

Dr. Batty presents an article in which he considers whether there is a field for Batty's oper-

ation, this has been given in one of our late numbers.

Atlee, on Sarcoma of the Ovary, contrives to stir up some confusion as to the nature of the tumors in the cases to which he refers. Indeed, the experts to whom these cases were referred, appear to think that they were rather Carcinoma than Sarcoma. The discussion developed the fact, that while the types of tumors may be sufficiently marked and distinct, the bulk of the cases found in practice are not only not typical but they are generally composed of so many different kinds of histological structures that it gets often to be a matter of whim with the microscopist what they are to be called. Atlee calls them Sarcoma, Engleman says that Sarcoma is not malignant as a general thing. Green says that Sarcómata are next to Cancer, the most malignant of new growths.

Green's definition of malignancy being the tendency to reproduction either at the spot or elsewhere. Green says that Adanometa are "perfectly innocent." Peasey says that he believes that Adenoma is not necessarily malignant. Where shall we rest our weary wings? Atlee says his tumors had to be separated from the following conditions. They are worth enumerating:

Fibroid Pedunculated.

Uterine.

Ovarian Cyst.

Multilocular.

Extra Uterine Fœtus.

Plastic Deposits.

Adenoma of Ovary.

Atlee advises the persistent use of *Arsenic* to annul the tendency of malignant growths to return.

Dr. P. F. Munde contributes an interesting article on electrolysis in the treatment of ovarian tumors. He has collected all the cases on record, 51 in number, giving them in detail with the view of establishing the actual curative value of this treatment.

Dr. Emmet, on the absence and atresia of vagina, reports one case where the uterus was developed after the new vagina was made. Dr. Emmet reports one innovation in the procedure for the restoration of the vaginal canal. He does not make a minute aperture so as to ensure an escape of the fluid drop by drop. He makes a free aperture and washes out the cavity with

warm water thoroughly. He completes the operation at one sitting when possible. He opens the site of the constriction, if one exists, more widely than any other part of the canal, lets out the fluid and injects freely so as to remove all the contained material as soon as possible. He puts in a large glass plug two inches in diameter and keeps it there persistently and he claims complete success to follow the method. The complete evacuation of the accumulation is surely desirable, and if the experience of other operators confirms that of Emmet it may be considered to be a decided advance in the method of treating this deformity. The article is one of the best in the volume and does not admit of condensation. It should be read by all who are interested in the treatment of such cases.

Englemann on hystero-neuroses, gives especial reference to the menstrual hystero-neuroses of the stomach. The relation between diseases of the internal genital organs of the female and the visual apparatus has been much more extensively observed than the author is aware of, if his remarks and quotations are to be taken as evidence.

Dr. Kimball gives cases "Illustrating important points connected with ovariectomy."

Dr. Wilson has a paper on Rapid Dilatation of the canal of the neck of the uterus.

Dr. Reynolds on West's views of rotation.

Dr. Dalton reports on the corpus leuteum.

Jackson's article on vascular tumors of the female urethra refers to the different reports as to the sensibility of the growths and does not distinguish between the different forms. In some cases numerous nerve fibres have been seen by the microscope, these were in sensitive tumors. In others the sensibility is located in the mucous membrane at the base of the growth. These contain no nerve fibrils. In still another class the ordinary amount of tactile sensibility can hardly be said to exist and there is no particular amount of distress or pain to be found in any part of the history of these cases. Jackson's error consists in taking one class as a type of all. Numerous specula have been devised for the investigation of the female urethra. Dr. Jackson has added another to the number.

Dr. Reamy in an article on the simple varieties of perineal lacerations, makes an observation which must be confirmed by all experienced

practitioners. Married women who are regularly bearing children, will often apply to the physician or to the abortionist in order that they may be relieved of what they term their burdens. On the other hand the same women will a little later apply to the physician for relief, and clamor loudly when they find that they have lost the power of reproducing. The early part of the career of such women will be spent in avoiding maternity regardless of means or consequences, the latter part of such a life is embittered by the curse of barrenness even to the extent of insanity at times.

Goodman, of Louisville, Ky., contributes an article on the menstrual cycle. He develops one or two notable facts. One is the proneness of women to assert that they are perfectly regular, when, if his table can be relied upon, very few are even approximately regular. The cycles vary largely, very few menstruate just once in 28 days, still less have a cycle to which they regularly conform. An average will give something between 22 and 35 days and perfect robust health may coincide. The most common duration of the cycle is 26 or 27 days. He finally concludes that if there is a physiological standard it is a fraction less than 28 days. (Mrs. J. G. B.)

LECTURES ON MATERIA MEDICA. BY CARROLL DUNHAM, M.D., ETC. NEW YORK, F. HART & Co.

Just as we go to press, we are delighted with the reception of two volumes containing over 400 pages each, of the lectures—so universally esteemed by those who heard them—of our gifted and scholarly Carroll Dunham. We have no time or space at present to give that review which its merits demand, but with a hasty glance we can observe that it is all that could be expected of such a work. The first sixty-five pages are devoted to the objects of Materia Medica and Therapeutics, the "Study of Materia Medica," and the analysis of "*The Therapeutic Law*." Under this head he discusses the "*Practical Application of the Law*," which is divided into, "1st, study of the phenomena of natural diseases, and 2d, study of the phenomena of the action of drugs on the healthy subject; how are physiology and pathology to be employed? varieties of symptoms; the same of diseases as of drugs; how to study a drug," &c.

All these important themes are treated with that clearness and simplicity which characterizes the writings of this eminent author, and which made him an *authority* in his *specialty*.

The first fifty-six pages of the second volume is devoted to "Principles *vs.* Practical Knowledge; how to take the case; the anamnesis." The balance of the two volumes is occupied by the analysis and study of fifty-three individual drugs excepting the last thirty-three pages which is given up to "The Art and Mode of Prescribing; Pathognomonic Symptoms and Characteristic Symptoms; and Valedictory address."

This is the text-book *par excellence*, and should find its way into the hands of every student of homœopathic Materia Medica.

A TABULAR HANDBOOK OF AUSCULTATION AND PERCUSSION. BY HERBERT C. CLAPP, A M., M.D., INSTRUCTOR IN AUSCULTATION AND PERCUSSION IN THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, AND PHYSICIAN TO THE HEART AND LUNGS DEPARTMENT OF THE COLLEGE DISPENSARY. WITH FOUR PLATES. IN ONE VOLUME, 8 VO. \$2.00. BOSTON. HOUGHTON, OSGOOD & Co.

This handbook is a condensed summary of the most important and reliable observations in this branch of medical science, down to the present time. In its preparation free use has been made of the works of more than twenty authors eminent in scientific and practical study of the chest. It is arranged in tabular order, so systematic that any point needing investigation can be immediately referred to.

The work consists of two parts; the first describing the different physical signs, their varieties, character, mode of production, usual seat, and the diseases indicated; the second containing the physical diagnosis of diseases of the lungs and heart, taking up each disease stage by stage, and giving its physical signs under the headings of inspection, palpation, mensuration, percussion, respiration, rales, and vocal resonance.

It is an eminently practical book, and is designed for students and also for physicians in active practice, who can hardly be expected to "retain in their memories, for immediate use at all times, every point necessary for a delicate physical diagnosis."



**LECONS CLINIQUES ET DIDACTIQUES SUR LES MALADIES DES FEMMES** Par Le Dr. R. Ludlam, Professeur De Maladies Des Femmes Au College-Hopital Hahnemann De Chicago, Etc. Traduites sur la troisieme Edition Americaine. Par Les Docteurs A. Claude, Ancien Chef de clinique de l' Hopital Saint-Jacques, &c., &c. C. N. Dorion, Ancien Medecin de l' Hopital Hahnemann De Chicago, &c., &c. Paris, V. Adrién Delahaye, Et Cie, &c.

The work itself is too well-known to American readers to require extended notice at this time, and we will simply say that the translators have done their part admirably.

**A REPERTORY OR SYSTEMATIC Arrangement and Analysis of the Hom. Mat. Med. Contents:** Chap. I, Disposition and Mind; II, Sensorium; III, Head, Scalp, Hair. By Dr. Dudgeon, Hahnemann Publishing Society, Liverpool.

Send to Dr. J. W. Hayward, Liverpool, Eng., for prospectus of this society, and learn its objects and what is being done by it.

**THE NATIONAL QUARTERLY REVIEW**, EDITED BY DAVID A. GORTON, M.D., has been received for October, and contains: I. Ethics of Civil Government; II. The Relations of Science to Scholastic Philosophy; III. Madame Dudevant; IV. Condition and Prospect of the Southern States; V. Education and the Religious Sentiment; VI. Libraries, Ancient and Modern; VII. Present Aspects of Socialism; VIII. William Cullen Bryant; IX. Bibliography; X. Index.

This standard journal should be in the hands of every scholar.

**HAHNEMANNIAN MONTHLY.** A new series of this old and favorite monthly commences with 1879, under the editorial management of Wm. H. Winslow, Ph. D., M.D., with Boericke & Tafel Publishers. The first number speaks well for future success.

**THE JANUARY NUMBER OF THE HOMŒOPATH** comes to us under the editorial management of Dr. Blumenthal and Dr. A. T. Hills. It is filled with interesting matter and promises to be a live and useful journal. We wish it success.

## A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877\*.

BY MARY E. BOND, M.D.

(Lecturer on Mat. Med. at the N. Y. Med. College and Hospital for Women.)

### PART V.

*Pilocarpus Pinnatifolius*, a member of the Piper family, comes from Brazil, and is the source of the much talked of *Jaborandi*. The physiological action of this plant, whether used as a whole, or by means of its active principle, pilocarpine, is to increase the action of the secreting glands, the skin and salivary glands more especially; but also the kidneys and mammary glands. According to an item in New Remedies, Frohnmüller found that hypodermic injections of one-fifth of a grain of *Pilocarpine* would produce profuse perspiration, salivation, disturbances of vision, nausea even to vomiting, and finally transitory increase in frequency of the heart's action and of respiration. Dr. Kercea found that a dose of one to ten milligrammes of *Pilocarpine* causes sweating alone, ten to twenty grains sweating, and twenty to thirty nausea and vomiting. The uses for which *Jaborandi* and its potent active principles have been suggested are readily judged from its physiological action. It has been suggested for common colds, with dry and hot skin, and mostly to relieve dropsical and pleuritic effusions. Dr. M. S. Bruen, physician to the Philadelphia Hospital, reports very satisfactory results in cases of extreme edema occurring in the last stages of Bright's disease, and he was not troubled by the production of salivation. (Medical Brief, June, 1877.) The *Muriate of Pilocarpine* can be used hypodermically.

*Salicylic Acid* is among the many remedies which have been declared infallible, and found fallible in diphtheria. We have all heard of the doctor who was always glad to meet a case of fits, because he was "death in fits." The success of *Salicylic Acid* in rheumatism, ought to make physicians glad to meet with this arch enemy. In the Practitioner for Feb. 1877, Dr. W. H. Broadbent remarks, "I have yet to meet a case of genuine acute rheumatism, without complication, in which the pain is not entirely dispelled, and the temperature normal, after six

\* Read before the Homœopathic Medical Society of the County of New York.

consecutive doses of twenty grains, at intervals of an hour, on two successive days."

Dr. J. W. Moore, at a meeting of the medical society of the Royal College of Physicians in Ireland, communicated his experience in two Dublin hospitals, and declared that "the mean duration of the sojourn of rheumatic patients in hospital now is about one-half what it used to be, and symptoms of feverishness are but one-fourth as persistent as before the introduction of *Salicylic acid*." He recommends doses of five grains each hour, until there is a marked amelioration.

Prof. Germain Sée read to the Paris Academy of Medicine an elaborate memoir on *Salicylic acid* and the salicylates, in which he reviewed their chemistry, physiological and therapeutical action.

His conclusions were:

1st. As an external anti-zymotic agent, it was not better than Carbolic acid except that it has no odor.

2nd. As an internal antiseptic, he accords it no value in purulent or contagious affections.

3rd. It is in acute rheumatism and gout that its most certain and prompt action is observed. Fifty-one cases are adduced in proof of this. The cure of these affections is accomplished without producing any metastasis, and there is no other disturbance than the tinnitus and narcotism in which its action resembles quinine.

Of the many methods of administration one should suppose the most pleasant would be that adopted in the Liverpool Southern Dispensary. Ten grains of *Salicylic acid* and thirty of the *bi-carbonate of potassium* are put into a sufficient quantity of water, and form an effervescent mixture which can be taken every hour of the day if necessary.

Another formula is,

<i>Salicylic Acid</i>	3 i.	
<i>Sweet Spts. Nitre</i>	3 iv.	Dose 3 i.

*Secale* has not only attracted attention of late, for its power of controlling hemorrhage from various organs, but it has been proposed by Dr. Searce, in the Medical and Surgical Reporter, for averting pneumonia—for adults, half drachm doses of the fluid extract every two hours, until the symptoms were relieved or ergotism produced. In from twenty-four to thirty-six hours the pain was relieved, temperature lowered, and

hurried respiration calmed; expectoration was lessened throughout, and the cases convalescent in three days. The caution is given that its use must not be suddenly discontinued.

Dr. Williamson, in the London Lancet, reports fifty cases of hæmoptysis treated by *Ergot* and in forty-four cases it was successful. Dr. Da Costa has recently published his experience in the same class of cases. According to the statements of many correspondents of the Medical Brief, *ergot* has given very satisfactory results in cases of dysentery and diarrhœa. The cure by *ergot* of an advanced case of diabetes insipidus is related in the Medical Recorder.

*Terebine* has some advantage as a surgical dressing. Dr. H. S. Waddy, in the British Medical Journal, gives his experience with it. Avoiding a lengthy description of the way in which it is used, I can briefly state that it was similar to that of *carbolic acid* as an antiseptic dressing. Pure *Terebine* is freely poured over the surface of the wound, the lint is soaked in it, and the cotton about the limb is kept constantly moist with it. The main point is that no change is made in the dressing for weeks. Mr. Waddy claims that the results are good, and the patient, physician and nurse are relieved of the annoyance and dangers of frequent removal and re-adjustment of dressings.

#### HOMCEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Continuation of the report of the Bureau of Clinical Medicine.

Dr. Hasbrouck took exceptions to the loose way of giving directions to patients, as for instance, "Ignatia three or four times each day." He thought it was demoralizing to the patient.

Dr. Waite spoke of the *fish-brine odor of the discharge* in *Otitis* as indicative of *Tellurium*, also compared *Thuja* as being like putrid meat.

Dr. Bacon said that *Quinine* produces an eruption similar to that of scarlet fever.

Dr. Hasbrouck spoke of the use of *Sticta pulm.* in Rheumatic Bursitis, and quoted as follows from a letter received from Dr. E. C. Price, of Baltimore:

"Again you have given me the credit of having introduced into practice the use of *Sticta Pul.*, in that sometimes troublesome affection,

**Rheumatic Bursitis.** I am sorry I did not keep a record of the cases I have cured with it. I think they amount to nearly twenty. It is the first remedy I think of in these cases. Judging from analogy, I think *Sticta* will prove to be the *very best remedy* we can use in Hydropericardium resulting from rheumatic pericarditis, and perhaps also in pleuritic effusion. I intend to try it in both diseases, and would be greatly obliged if other physicians would do so, and report the result in some of the journals. There are a great many verified clinical symptoms too valuable to be lost, and that should be preserved where they would be available for ready reference. They are now scattered through the medical journals, and will be read by some of the present generation, but when we have gone to our rest. Many of them will be unknown to future generations unless preserved somewhere, and where could they be more accessible than under a separate chapter in Allen's *Mat. Med.*, like Jahr's *Clinical Observations*. There are many diseases we have to treat, for which we find no similitum in the provings of any drug, nor never will, unless our provings are carried to the extent of violating both the laws of God and man.

"There is a throat affection that used to give me a great deal of trouble; it is caused by inflammation of the mucous glands or follicles in the back part of the fauces; they look like fleshy soft warts; some are as large as a split pea, some larger and some smaller; sometimes they become confluent and form a stripe or ridge down the throat. Dr. Geo. W. Cook recommended *Proto. Iodide of Merc.* for it. Dr. E. M. Hale, *Hepar* and *Hydrastis*, Raue *Arg. Nit.* and in some notes I have, I find some one else recommends *Brom.*; which I believe I have never tried. The only reliable remedy that I have ever found for it is *Lachesis*, and recommended by my friend Dr. Milton Hammond, of Baltimore. I presume he derived his knowledge from clinical observation. You may search the provings of *Lachesis* from end to end and find nothing that would lead you to use it, unless there were concomitant symptoms, such as relief of soreness during (1) or immediately after eating (2). Bönninghausen gives 54 remedies for the first, and 50 for the last symptom.

Another case in point is the late Dr. Von Grouvogle's use of *Silicea* in *Enchondroma*.

Another instance is Dr. E. M. Hale's use of *Bryonia* in irritable heart based on clinical observations of my own, published in the *American Observer*, and entitled "Influence of *Bryonia* on the pulse in Pneumonia." Dr. Hale's article can be found in *Hahnemannian Monthly* for February, 1877.

Last May Dr. A. A. Roth, of Frederick, wrote to me, "my own heart never beats more than about 54 when sitting down; on rising, no matter how quietly, it immediately runs up to 110-115, and gradually goes down again. Have frequent sharp pains in region of the heart. On going up stairs a little rapidly my heart flutters and palpitates so much as to put me out of breath for a few minutes. Ordinarily it beats unevenly, but never intermits." I prescribed *Bryonia* 3<sup>a</sup> or higher, four times a day at first, after a week or two less frequently. Some two or three months after, he wrote that *Bry.* had "acted like a charm;" that he was entirely relieved, and that he has cured three other patients similarly affected. Allen's *Mat. Med.* might lead one to use *Bry.* in such cases, but Jahr's never would.

"A record of carefully verified clinical observations, like the above, that cannot be found in the text-books, would be worth their weight in gold."

Dr. Conant said: "I have repeatedly verified the following indications for *Sticta pulm.* When during an influenza or closely following it, there is a short, dry, hacking cough, very incessant, with no expectoration, or very scanty, whitish or frothy sputa, and a dull aching or heavy feeling in the upper chest, sometimes there is frontal headache, aggravated by the cough, *Sticta* is always successful with me; the 30th every two hours. Generally it requires 36 hours before the cough is broken up, the drug seeming slow of action, and I therefore advise persistence in its use, even though the first 12 or 24 hours show little improvement; if continued it will conquer. I have failed to get this result from the tinct. 1st and 3d, and use only the 30."

Dr. Bacon had verified the symptom of *sticta*—"desire to put the finger in the nose to clear out the gluey secretion."

Dr. Hasbrouck said Dr. Helmuth recommends *Sticta* in hay fever.

Dr. A. R. Wright preferred *Silphium* in hay fever and asthma.

Dr. H. M. Paine reported a case of cancer of the stomach, in which the diagnosis was very difficult on account of the infrequency of some of its features. Dr. Conant said that Dr. H. M. Paine's case of cancerous disease recalled a similar case diagnosed by eminent allopaths as cancer, but pronounced by myself and Dr. Mitchell of Newburgh, who was summoned as counsel, to be *round stomach ulcer*.

The case was cured with *Arg. nitr.*, 1, 3, and 30, with occasionally *Dioscorea* in water to allay terrible gripping paroxysms in the stomach. The patient had the cancerous appearance quite markedly. The pains were paroxysmal, worse after eating or drinking, and of a burning and gripping nature. The patient was a lady of about 50 years of age, and had suffered much from dark, slimy evacuations and vomitings, and these same pains in the stomach for years, and supposed herself incurable.

Dr. H. M. Paine presented and read a paper entitled "The Critical Period of Homœopathy," (See Oct. Times). He also read extracts from a paper entitled "The Proposed New Law for Regulating the Practice of Medicine and Surgery." The new law provides, first, for a complete system of county registration of all qualified practitioners, and imposes a penalty for non-compliance; second, that the status of all legal practitioners at the time of the passage of the bill shall remain unchanged, and that thereafter the degree of doctor of medicine *only* shall constitute a license to practice; also, third, that the degree shall be obtained, as at present from an incorporated medical college, or from the regents of the university.

Drs. C. E. Blumenthal and H. M. Paine were appointed a committee to report certain provings of remedies arranged by groups of symptoms, in order to show more clearly the diseases, if possible, for which they are applicable than by the present method of classification by organs.

A cordial vote of thanks was unanimously tendered to the trustees and officers of the Asylum, to the Orange County Homœopathic Medical Society, and to the officers of this Society for their efforts to make the meeting an interesting one, after which the Society adjourned.

ALFRED K. HILLS, M. D.,  
Recording Secretary.

## Medical Items and News.

THE ANNUAL MEETING of the Homœopathic Medical Society of the State of New York will be held in Albany, February 11th and 12th, 1879.

THE ANNUAL REPORT of the Chief of Staff of the Homœopathic Hospital, W. L., shows 3,519 patients treated during 1878, with 197 deaths or 5.60 per cent.

THE N. Y. OPHTHALMIC HOSPITAL reports for Dec. 3,370 prescriptions; 409 new patients; 42 resident; average daily 135.

DR. MAY HOWELLS has settled at 411 W. 8th St., Cincinnati.

A middle-aged physician of experience, would like to learn of a desirable location. Reasons for changing, satisfactory. Address, J. B.,  
Huntington, L. I.

THE position of Resident Physician of the Hahnemann Hospital in New York city is now vacant. A competitive examination will be held early in March next. The doctor to have his board, lodging and washing.

Applicants may address, John H. Thompson, M.D., Secretary of the Medical Board, 36 East 30th St., N. Y.

*Tape Worm.*—Dr. Karl Bettelheim, of Vienna, says that he has a sure cure for tape worm in a concentrated decoction of pomegranate root. This remedy has long been in use but the doctor introduces it into the stomach through a tube passed down the œsophagus using from 200 to 400 grammes of the decoction at a dose, the patient having previously fasted for twenty-four hours. He says it destroys the worm every time.

*Sulphide of Calcium* is recommended for acne, with a wash of a solution of *Sulphur*. The remedy should be used for several weeks.

*Carbolic acid.*—Dr. Stern treats intermittent fever with *Carbolic acid* six minims in six ounces of distilled water, a tablespoonful three times a day. In twenty cases treated the cures were speedy and permanent. Six of the cases were quotidian, eleven tertian, and two quartan.

*GASOLINE* it is claimed is one of the best agents to destroy parasites. Try it in pediculi pubis.





# LONDON M.F.G. CO.'S ESSENCES OF MEATS,

FOR INVALIDS, INFANTS AND TRAVELERS.

## ESSENCE OF BEEF, MUTTON, CHICKEN.

These Essences are the finest juices from choice meats, entirely free from fatty or injurious matter. They retain the fine flavor and smell of the meats. Are heavy liquids in a warm temperature, and when placed upon Ice take a jelly form especially grateful to invalids. Children will readily take them, and in many of their complaints Essences are unequalled. Being used **WITHOUT WATER**, they do not cause nausea as does Beef Tea, and they will remain upon the stomach when all other nourishment is rejected. In mental or physical prostration they act as strong stimulants, without the subsequent injurious effects produced by alcohol. In Dyspepsia and all Chronic Diseases of the Stomach, they are easily assimilated and are helpful in Consumption and other wasting diseases. Natural, pleasant and refreshing in fevers. Afford concentrated meat stimulant after childbirth. Are convenient for persons boarding or traveling.

Taken cold direct from the Can, needing no Preparation whatever.

## ENTIRELY TAKE THE PLACE OF BEEF TEA.

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## LIME JUICE AND PEPSIN

FOR

## DYSPEPSIA.

This preparation was first imported by us from England, where it was originally introduced.

The great favor with which it was received by the Medical Profession here, as well as the great expense of the imported article—which very much limited its employment—has induced us to manufacture it.

**CASWELL & MASSEY'S**

## LIME JUICE AND PEPSIN,

is made from the expressed juice of Limes and pure Pepsin, containing 2 grains of the latter in each drachm.

It will be found equally efficacious with the foreign article and is dispensed at one-fifth the cost. It is believed to be a *great improvement over* the various *Wines* and *Elixirs* of Pepsin.

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# Trommer's Extract of Malt.

THE rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.**

Attention is invited to the following analysis of this Extract, as given by S. Douglas, Professor of Chemistry, University of Michigan, Ann Harbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours, truly,

SILAS H. DOUGLAS,

*Prof. of Analytical and Applied Chemistry.*

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhaustive constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase*, renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements of food.*

A single dose of the **Improved Trommer's Extract of Malt**, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE and ONE-HALF POUNDS of the Extract.

**Our PREPARATIONS OF MALT are for Sale by Druggists generally throughout the United States and Canadas, at the following prices:—**

Extract of Malt, with Hops (Plain),.....	\$1 00	Extract of Malt, with Hypophosphites,.....	\$1 50
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" " Cod Liver Oil,.....	1 00	" " Alternatives,.....	1 50
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# M A L T I N E.

Extract of MALTED, BARLEY, WHEAT and OATS.

THIS PREPARATION CONTAINS

From Three to Five Times the Medicinal and Nutritive Elements found in EXTRACT OF MALT.

**MALTINE** is a highly concentrated extract of malted Barley, Wheat and Oats, containing, undiminished and unimpaired, all the medicinal and nutritive principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz:

**FIRST:** In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo at a temperature ranging from 100 deg. to 120 deg. Fahr; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.

**SECOND:** Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man; and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

**THIRD:** Gluten is most nutritious principle found in these cereals, and the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

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Can undoubtedly be used with greater success than any other remedy now known, in cases of General and Nervous Debility.

Indigestion, Imperfect Nutrition and Deficient Lactation; Pulmonary Affections, such as Phthisis, Coughs.

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This combination is specially indicated in Anæmia and Chlorosis, and all cases of defective nutrition where Iron is deficient in the system.

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A powerful general and nutritive tonic.

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The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

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In this combination the Phosphorus has no irritant effect upon the stomach.

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This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

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In this preparation **MALTINE** is combined with the most valuable Alternatives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: Chloride, Calcium-10 grains; Chloride Magnesium, 10 grains; Bromide Sodium, 5 grains; Iodide Potassium, 1 grain; Iodide Iron,  $\frac{1}{4}$  grain. Dose, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from Barley only.

**MALTINE** preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces, each bottle inclosed in a folding paper box.

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**B**ASED upon the fact that the human body in health or disease has but one natural want, that of sufficient proper food, the nutritious elements of **WHEAT**, **BEEF** and **MILK** have been concentrated in these foods, and submitted to a process of *artificial digestion*, by which they are fitted to quickly enter the circulation, and thereby feed the nervous tissue in a natural manner, strengthening every organ of the body and relieving all conditions of debility, whether of the nervous system or of the digestive organs.

The **BLOOD** and **NERVE FOOD**, or **TONIC EXTRACT OF WHEAT** contains in every quart the vital nutritive elements of a bushel of wheat, *void of all starch*, being a nerve building food with which all phases of nervous debility may be met that underlie all forms of chronic disease. Its great value consists in the fact, that the *vitalized condition*, given by *vegetable growth* to the *chemical elements of the grain*, has not been destroyed in the process of their elimination from the exterior of the Wheat Kernel.

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Every quart of this preparation contains the vital, nutritive elements found in one-half bushel of wheat, and the fibrin contained in sixteen pounds of beef.

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These foods are to be administered after the regular meals, in quantities commencing, for Children, with five or ten drops: for Adults, a half teaspoonful, gradually increasing to a tablespoonful, varying with the age and condition of the patient. In many debilitated cases they furnish all the nutrition necessary. They are compatible with all therapeutical agents, except the mineral acids.

The **CARBONACEOUS FOOD** is designed for **EXTERNAL APPLICATION** to the body. It is so compounded chemically, that upon its application to the surface of the body it is *rapidly absorbed into the circulation*, thereby *relieving the stomach of the Labor incurred in the function of Digestion*. This preparation should be used in all cases of Chronic disease based upon Nervous Debility, and to which the Nerve and Muscle Building forms of food are applicable. It is not perhaps *indispensable*, but it will hasten and increase the chances of recovery by relieving the stomach of a laborious function. It simply *supplies fuel* to the tissues of the human body to support animal heat.

Better effects are experienced by the **EXTERNAL APPLICATION** of this food than by the **INTERNAL USE** of Cod Liver Oil, the practical effects of the two **BEING IDENTICAL**.

The **LIFE FOOD** is composed of the same elements as the Fibrin and Wheat, though not so strong; and the condition of artificial digestion has been carried further, so that it will almost instantly enter the circulation and give immediate invigoration. It may be used at any time, and with milk is a delightful drink. It is desirable to be used when a patient is subject to a sense of prostration, mental or physical, between meals, as supplementary to the other foods.

**Full information given by Circular or otherwise on application.**

These Foods are Manufactured under the supervision of **VIRGIL W. BLANCHARD, M. D.**, and Sold by the

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**Endorsed by—**PROF. SAM'L THAYER, M. D., University of Vermont, Burlington.

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DR. EGBERT GUERNSEY, of 18 West 23d Street, New York, says:—"From the practical tests I have given the Blanchard Foods, I think they will prove of great value to the invalid, and should be thoroughly endorsed by the Medical profession.

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## The Reputation

Which the celebrated SELTZER SPRING of Germany has maintained during many years, for the therapeutic value of its waters, is a fact well understood by the Medical Profession. The testimony of large numbers receiving benefit from their use is conclusive proof as to their efficiency.



an artificial combination of the essential elements of these waters, as ascertained by strict chemical analysis, discarding those substances which are inert, and retaining those only which have a positive therapeutic value.

These waters belong to that class known as ACIDULO-ALKALINE, which owe their medicinal virtues to the Carbonic Acid and to the salines in combination. Hence, they act chiefly on the digestive, renal and nervous systems.

### As a Saline Cathartic,

we especially recommend our preparation to the careful consideration of physicians. In all disordered conditions of the digestive organs, especially when connected with hepatic derangement; in those congestive states of the alimentary canal and appendages peculiar to warm seasons and tropical climates; in the various forms of Dyspepsia, including Constipation, Acidity, Heartburn, etc., in Uterine disease, connected with an inactivity of the large Intestines; as also in the nausea of pregnancy; in febrile conditions; in short in all those types of disease where Saline Purgatives are indicated, we have no hesitation in recommending it as a mild yet efficacious cathartic.

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its action is none the less marked, for in diminished doses, its influence is transferred to the renal system. Hence in Rheumatism, Gout, Dropsy, and diseases of the Urinary system, the SELTZER-APERIENT can be relied upon to correct the acidity of the urine, and promote a copious renal secretion.

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Being in a pulverised form, it only requires the addition of water to create at once a sparkling and refreshing beverage.

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